

No. <b>W 68600</b>		<b>Due no later than Nov 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TOPANCE ENTERPRISES, LLC ROB NIELSEN PO BOX 445 UCON ID 83454		ROB NIELSEN 8633 N IDAHO FALLS ID 83401-8340			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT NIELSEN	Street or PO Address PO BOX		City UCON	State ID	Country USA	Postal Code 83454
5. Organized Under the Laws of:  <b>ID</b> <b>W 68600</b>		6. Annual Report must be signed.*  Signature: Rob Nielsen Name (type or print): Rob Nielsen  Date: 01/25/2018 Title: Manager					
Processed 01/25/2018      * Electronically provided signatures are accepted as original signatures.							