No. <b>W 180751</b> Return to:			Due no later than Apr 30, 2018  Annual Report Form		Registered Agent and Address (NO PO BOX)     C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		PINES INV 1322 N FF	ng Address: Correct in this box if needer /ESTORS, LLC REEDOM BLVD IT 84604	BOISE ID	921 S ORCHARD ST STE G BOISE ID 83705-8460  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200	•	er Names and Addr	resses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	GRANT	COLLARD	1322	PROVO	ஶ	USA	84604	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
υT		Signature	e: Michael Collard		Date: 06/14/2018			
W 180751		Name (ty	Name (type or print): Michael Collard Title: A			ccountant		
Processed 06/14/2018 * Electronically provided signatures are accepted as original signatures.								