

No. W 124843		Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLIND AUTHORITY, LLC BLIND AUTHORITY LLC PO BOX 926 HAYDEN ID 83835		JIM FREEMAN 1255 EDGEWOOD CIRCLE COEUR D ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				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 JIM FREEMAN	Street or PO Address 1255 EDGEWOOD CIRCLE		City COEURDALENE	State ID	Country USA	Postal Code 83815
5. Organized Under the Laws of: ID W 124843		6. Annual Report must be signed.* Signature: Jim Freeman Name (type or print): Jim Freeman Date: 03/20/2017 Title: Owner					
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.							