No. W 105099		Due no later than Jul 31, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. RELATIONSHIP ASSESSMENT SERVICES, LLC 1035 LOWELL DR IDAHO FALLS ID 83402			CANDIS L TWEDE 1035 LOWELL DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		and Addresses of a	t loost one Member or Member					
700	anies: Enter Nai	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER CANDIS L TWEDE		WEDE	1035 LOWELL DRIVE		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Candis Twede			Date: 06/06/2018			
W 105099		Name (type or print): Candis Twede			Title: Manager			
Processed 06/06/2018 * Electronically provided signatures are accepted as original signatures.								