| No. W 151694 | Due no later than May 31, 2017 | | 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. ENONYMOUS LLC CHRISTOPHER SIEGFRIED 1203 W WHISPER ST NAMPA ID 83651 | | CHRISTOPHER SIEGFRIED 1203 W WHISPER ST NAMPA ID 83651 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companies: Enter Na Office Held Name | mes and Addresses of at | t least one Member or Manager. Street or PO Address | City | State | Country | Postal Code |
| | ER RAY SIEGFRIED | 1203 W. WHISPER | NAMPA | ID | USA | 83651 |
| . Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Christoph | Date: 05/17/2017 | | | | |
| W 151694 | Name (type or print): Christopher Siegfried | | Title: Owner | | | |
| Processed 05/17/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | |