No. W 35439		Due no later than Dec 31, 2016	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. GAECKES INSTITUTE, LLC LILLIAN Gaecke P.O.Box 5800 Ketchum ID 83340	INCORPORATING SERVICES LTD 1201 N LIBERTY #917 BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JEFF GAECKE	PO BOX 5800	KETCHUM	ID		83340
5. Organized Under the Laws of: ID W 35439		6. Annual Report must be signed.* Signature: Jeff Gaecke		12/30/2016		
		Name (type or print): Jeff Gaecke Title: Member-Manager * Electronically provided signatures are accepted as original signatures.				