

No. W 62312		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SYMAN, LLC TAMARA SIMPSON 2101 DELTA DR NAMPA ID 83687		KAY LYMAN 2101 DELTA DR. NAMPA ID 83687	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	KAY LYMAN	2101 DELTA DR.	NAMPA	ID	83687
MANAGER	TAMARA SIMPSON	2101 DELTA DR.	NAMPA	ID	83607
5. Organized Under the Laws of: ID W 62312		6. Annual Report must be signed.* Signature: Tamara Simpson Name (type or print): Tamara Simpson Date: 04/27/2018 Title: Co-Manager			
Processed 04/27/2018		* Electronically provided signatures are accepted as original signatures.			