No. **W 170681**	**Due no later than Aug 31, 2018** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MELIA D. RICE, LLC HOME 620 N GARRY DR LIBERTY LAKE WA 99019	MICHAEL B HAGUE 401 E FRONT AVE STE 212 COEUR D'ALENE ID 83814 3. New 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	MELIA D RICE	620	LIBERTY LAKE	WA	USA	99019

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 170681**	Signature: Melia Rice	Date: 09/01/2018
	Name (type or print): Melia Rice	Title: Mrs.

Processed 09/01/2018

* Electronically provided signatures are accepted as original signatures.