No. <b>W 152264</b>		Due no later than May 31, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		AUSTIN ALLRED			
SECRETARY OF STATE 700 WEST JEFFERSON	-	1. Mailing Address: Correct in this box if needed. ENTIRELYCRIMSON LLC AUSTIN ALLRED 2581 JOSHUA WAY		2581 JOSHUA WAY TWIN FALLS ID 83301			
PO BOX 83720 BOISE, ID 83720-0080	AUSTIN A						
	TWIN FAL	TWIN FALLS ID 83301		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addr	resses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER AUSTII	N ALLRED	2581 JOSHUA WAY	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
<b>ID</b> Signatur		e: Austin Allred		Date: 03/17/2017			
W 152264	Name (ty	Name (type or print): Austin Allred		Title: Manager			
Processed 03/17/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					