



**DOMESTIC AND FOREIGN LIMITED LIABILITY  
COMPANY ANNUAL REPORT  
SECRETARY OF STATE  
SFN 50060 (08-2017)**

**2017**

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:

(Limited liability company name, commercial or noncommercial registered agent name and address)

**REPORT DUE NOVEMBER 15, 2017**

By law, the envelope containing the report must be postmarked on or before November 15, 2017 to be considered timely filed.

**1. FILING FEES:**

- \$50.00 if postmarked on or before November 15, 2017
- \$100.00 if postmarked after November 15, 2017

TYPE OR PRINT LEGIBLY

SEE INSTRUCTIONS FOR FEE, FILING, AND MAILING INFORMATION.

For reference, see North Dakota Century Code, Section 10-32.1-89.

3. Business activities actually engaged in (be specific)						2. State or country of origin		4. Federal ID number		5. Telephone number																																																																																																																																																																																					
6. Address of principal executive office (street/RR, city, state, ZIP+4) If incorrect, cross out and correct as necessary. Street address <b>MUST</b> be provided; may not be only a post office box.																																																																																																																																																																																															
<p><b>7. MANAGEMENT OF THE LIMITED LIABILITY COMPANY</b> Provide names and addresses of the persons managing the LLC and designate if the person is a member (member-managed LLC), a manager (manager-managed LLC), or a governor (board-managed LLC) and provide any official title assigned to the person. (At least one must be provided.) COMPLETE MAILING ADDRESS</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>Street/RR</th> <th>PO Box</th> <th>City</th> <th>State</th> <th>ZIP+4</th> <th>Member</th> <th>Manager</th> <th>Governor</th> <th colspan="3">TITLE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="3"> </td></tr> </tbody> </table>												NAME	Street/RR	PO Box	City	State	ZIP+4	Member	Manager	Governor	TITLE									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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8. "I, the undersigned, have read the foregoing annual report, know the contents, and believe the statements made to be true. I understand that if I make a false statement in this document, I may be subject to criminal penalties."																																																																																																																																																																																															
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9. Name of person to contact about this document						Email Address			Daytime Telephone Number																																																																																																																																																																																						

10. Provide the name and address where the report could be returned for corrections, additional information, or payment (if necessary).		
Attention		
Business/firm name		
Mailing address		
City	State	ZIP code

**MAILING INSTRUCTIONS:** Send the completed annual report and fee to:

Annual Report Processing Center  
Secretary of State  
State of North Dakota  
PO Box 5513  
Bismarck ND 58506-5513

Telephone: (701) 328-4284

Toll-Free: (800) 352-0867 (choose menu item 2, then option 4)

Fax: (701) 328-0106

Website: [sos.nd.gov](http://sos.nd.gov)