



DOMESTIC AND FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

2017

SECRETARY OF STATE SFN 50060 (08-2017)

For Office Use Only

Form with fields for ID Number, WO Number, Filed, and 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.

Form sections 2, 3, 4, 5, and 6 containing fields for state/country, business activities, federal ID, telephone number, and principal executive office address.

7. MANAGEMENT OF THE LIMITED LIABILITY COMPANY 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.)

Table with columns: NAME, Street/RR, PO Box, City, State, ZIP+4, Member, Manager, Governor, TITLE. Includes a header row and multiple data rows with checkboxes.

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."

Form sections for Signature, Date, and contact information (Name, 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

DOMESTIC AND FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT - 2017

The annual report must conform to the requirements of North Dakota Century Code, Section 10-32.1-89. Submission of the report does not constitute "filing" the annual report. It is imperative that the report be completed in its entirety according to the following instructions. If the report must be returned for additions or corrections, the limited liability company may be subject to late filing fees.

LIMITED LIABILITY COMPANY NAME: The limited liability company's name is preprinted on the form exactly as it is stated in the limited liability company's Articles of Organization or in the Certificate of Authority of a foreign limited liability company. By law, a limited liability company may only change its legal name by filing an amendment to the Articles of Organization or an amended Certificate of Authority of a foreign limited liability company. Forms are available from the Secretary of State's website at sos.nd.gov or by contacting the Secretary of State.

COMMERCIAL OR NONCOMMERCIAL REGISTERED AGENT/AGENT'S ADDRESS: By law, all limited liability companies must continuously maintain a commercial or noncommercial registered agent and have the name and address of that agent on file with the Secretary of State. The name preprinted under the limited liability company name at the top of the report is the name of the commercial or noncommercial registered agent currently on file with the Secretary of State. Do not cross out or make changes to the registered agent or address on this form. A Commercial or Noncommercial Registered Agent/Office Statement of Change form is enclosed to be completed to make these changes. If a change is not required to either the agent or the agent's address, the Commercial or Noncommercial Registered Agent/Office Statement of Change form can be discarded.

INSTRUCTIONS: The following numbered instructions correspond to the numbers on the annual report form.

1. **DUE DATE:** The report is due on or before November 15, 2017.

FILING FEE:

\$50.00 if the report is postmarked on or before November 15, 2017.
\$100.00 if postmarked after November 15, 2017.

Payment of the fees may be made by credit card (Visa, MasterCard, Discover, or American Express) or checks payable to the Secretary of State for negotiable United States funds.

NONREFUNDABLE FEE: North Dakota law provides that annual report filing fees and late filing fees are nonrefundable when a limited liability company submits an annual report and fails to provide sufficient information or fees to enable the Secretary of State to file the annual report. The nonrefundable fees are credited to the state general fund.

2. The state or country of origin of the limited liability company has been preprinted on the form. Do not make changes to the state or country of origin.
3. Provide the specific business activities in which the limited liability company is engaged in North Dakota if not already preprinted as previously reported. You may change the business activity on the form if not correctly stated. "Any lawful business" or "general business purposes" cannot be accepted.
4. To properly maintain limited liability company records, the Federal ID number is requested.

PRIVACY: In compliance with N.D.C.C. Section 10-32.1-95, social security and federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate limited liability company files. Therefore, while providing the numbers is requested, failure to do so will result in rejection of the annual report.

5. Provide the telephone number for the limited liability company. The telephone number of the limited liability company's executive office as previously reported is preprinted on the form. Change the number if no longer correct.
6. The address of the limited liability company's principal executive office is preprinted as previously reported to this office. If this address is no longer correct, cross out the incorrect address and provide the correct complete address. This address may not be only a post office box. A complete address must include a street or rural address, a post office box (if applicable), the city and state, and a ZIP code with 4-digit extension.
7. Provide all persons managing the limited liability company. A limited liability company may be managed by members, managed by managers, or managed by a board of governors. Provide the names and addresses of the persons managing the limited liability company and check the box(es) to designate any as a member, a manager, or a governor. If an official title is assigned to this role, provide the official title. At least one name must be provided.

A foreign (out-of-state) limited liability company should reflect its managers and governors as required by the laws of the jurisdiction where organized.

8. The report must be dated and bear the signature of someone authorized by the limited liability company articles, bylaws or agreement, or by a resolution approved by the board of governors or members. If the limited liability company is in the hands of a receiver or trustee, then the annual report must be signed on behalf of the limited liability company by the receiver or trustee.
9. Provide the name, email address, and daytime telephone number of the person to contact for any issues related to this report. The email address and phone number are not disclosed to the public in accordance with N.D.C.C. Section 44-04-18.21.
10. Provide the name and mailing address where the Secretary of State should return the report, if necessary, for corrections, additional information, or payment.

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ASSISTANCE: If assistance is required to complete the annual report, contact the Secretary of State.

FAX FILING: The document and Credit Card Payment Authorization may be faxed to (701) 328-0106. A faxed filing does not expedite the process of the document in the Secretary of State's office. When faxing an annual report to the Secretary of State, maintain the fax transmission log as proof that the annual report was timely filed.

EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

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

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CREDIT CARD PAYMENT AUTHORIZATION
SECRETARY OF STATE
SFN 51478 (02-2016)

WO Number (For Office Use Only):

Amount

Name			Telephone Number		
Address		City	State	ZIP Code	
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			Signature (required by credit card companies)		
Account Number		CSC Number*	Card Expires (MMYY)	Date	

*Three-digit (Visa, MasterCard, or Discover) or four-digit (American Express) security code