

No. <b>W 54745</b>		<b>Due no later than Sep 30, 2015</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> R. ERICK MIKESELL CPA PROFESSIONAL COMPANY R ERICK MIKESELL 453 MAHARD TWIN FALLS ID 83301-0275		R ERICK MIKESELL 453 MAHARD DR TWIN FALLS ID 83301-0275			
				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	
MEMBER	R ERICK MIKESELL	453 MAHARD	TWIN FALLS	ID		83301-0275	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 54745</b>		Signature: R Erick Mikesell				Date: 07/19/2015	
		Name (type or print): R Erick Mikesell				Title: member	
Processed 07/19/2015		* Electronically provided signatures are accepted as original signatures.					