No. W 123065			Due no later than Mar 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. PIP, LLC SCOTT PALMER PO BOX 65 PRESTON ID 83263		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		PIP, LLC SCOTT PA PO BOX 65			SCOTT PALMER 47 N STATE ST PRESTON ID 83263 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nat		Names and Addr	esses of at least one Member or Manager.					
Office Held	Name	Names and Addre	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SCOTT I	PALMER	47 N STATE ST	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID W 123065		Signature	6. Annual Report must be signed.* Signature: SCOTT PALMER Name (type or print): SCOTT PALMER Title: MANAGER					
Processed 02/01/2016 * Electronically provided signatures are accepted as original signatures.								