No. **W 28665**	**Due no later than Feb 29, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** MORSE FAMILY LLC #1 ED MORSE PO BOX 3294 HAYDEN ID 83835	ED MORSE 2101 LAKEWOOD DR #225 COEUR D'ALENE ID 83814 3. New 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
MANAGER	ED MORSE	2101 LAKEWOOD DR #225	COEUR D'ALENE	ID		83814
MANAGER	TERRI MORSE	2101 LAKEWOOD DR #225	COEUR D'ALENE	ID		83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 28665**	Signature: Terri Morse	Date: 02/23/2016
	Name (type or print): Terri Morse	Title: Manager

Processed 02/23/2016

* Electronically provided signatures are accepted as original signatures.