

No. W 121631		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. SHOP 24/7 LLC (THE) TIM OBRIEN 29 BACK ST. SMELTERVILLE ID 83868		TIM OBRIEN 119 K ST SMELTERVILLE ID 83868	
				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
MANAGER	TIM OBRIEN	29 BACK ST	SMELTERVILLE	ID	USA 83868
5. Organized Under the Laws of: ID W 121631		6. Annual Report must be signed.* Signature: Tim O'Brien Name (type or print): Tim O'Brien Date: 04/15/2016 Title: Owner			
Processed 04/15/2016		* Electronically provided signatures are accepted as original signatures.			