No. <b>W 40541</b>		Due no later than Jun 30, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MMS, LLC  HENRY MIRE  475 LAKESHORE DR  SAGLE ID 83860		475 LAKESHO SAGLE ID 8	HENRY MIRE 475 LAKESHORE DR SAGLE ID 83860  3. New Registered Agent Signature:*			
RECEIVED B		nes and Addresses of at I	least one Member or Manager.					
Office Held	Name	nes and Addresses of at i	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	G HENRY M: D JOSEPH N ERIC E SKIN	1IRE	475 LAKESHORE DR 1585 SPADE RD 94 CANOE COVE LANE	SAGLE SAGLE SANDPOINT	ID ID ID	USA USA USA	83860 83860 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 40541		Signature: HENRY MIRE  Name (type or print): HENRY MIRE		Date: 04/27/2015 Title: MANAGER MEMBER				

 $\ensuremath{^{*}}$  Electronically provided signatures are accepted as original signatures.

Processed 04/27/2015