No. **W 21616**	**Due no later than Dec 31, 2014** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** SAFIRE, LLC 5542 W LAKE RIVER LN BOISE ID 83703	J W DARNALL 5430 W STATE ST BOISE 83703 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
MEMBER	HARVEY L NEEF	5542 W LAKE RIVER LN	BOISE	ID		83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 21616**	Signature: HARVEY L NEEF	Date: 10/21/2014
	Name (type or print): HARVEY L NEEF	Title: MEMBER

Processed 10/21/2014

* Electronically provided signatures are accepted as original signatures.