No. **W 67113**	**Due no later than Sep 30, 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.** 6830 W. BUTTE, LLC SHIRLEY M HICKS 490 E TRAILSIDE DR EAGLE ID 83616	SHIRLEY HICKS 490 E TRAILSIDE DR EAGLE ID 83616 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	JACK L AND SHIRLEY M HICKS LIVING TRUST	490 E TRAILSIDE	EAGLE	ID		83616
MEMBER	JACK L HICKS	490 E TRAILSIDE DR	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67113**	Signature: Shirley Hicks	Date: 07/26/2016
	Name (type or print): Shirley Hicks	Title: Member

Processed 07/26/2016

* Electronically provided signatures are accepted as original signatures.