No. W 135940		Due no later than Mar 31, 2015		2	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. JAMYE CHRISMAN PHOTOGRAPHY LLC JAMYE CHRISMAN 505 E 5500 S VICTOR ID 83455		d.	JAMYE CHRISMAN 505 E 5500 S VICTOR 83455 3. New Registered Agent Signature:*			
				2				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JAMYE CHRISMAN		SMAN	505 E 5500 S		VICTOR	ID	USA	83455
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jamye Chrisman			Date: 03/02/2015			
W 135940		Name (type or print): Jamye Chrisman			Title: Owner			
Processed 03/02/2015 * Electronically provided signatures are accepted as original signatures.								