No. <b>W 106815</b>		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:	Α	Annual Report Form		CHRIS CLARK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			LEWISTON II	1239 VINEYARD AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 CHRISTOPHER O CLARK 1239 VINEYARD AVE LEWISTON ID USA 8350						83501	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	ID Signature: Christopher O Clark		Date: 07/18/2014				
W 106815	Name (type or p	Name (type or print): Christopher O Clark		Title: Owner / Operator			
Processed 07/18/2014	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					