No. W 92502	Di	Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				ROBERT COLEMAN			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		2245 NORTH SAMANTHA CT NAMPA ID 83687			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROBERT COL	PROFITS PLUS CAPITAL MANAGEMENT LLC ROBERT COLEMAN 2245 NORTH SAMANTHA CT NAMPA ID 83687		TWATTA ID 05007			
	NAMPA ID 8			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	r Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ROBERT	COLEMAN	2245 NORTH SAMANTHA CT	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
DE	Signature: Ro	Signature: Robert Coleman		Date: 02/10/2014			
W 92502	Name (type o	Name (type or print): Robert Coleman		Title: Managing Member			
Processed 02/10/2014	* Electronically p	* Electronically provided signatures are accepted as original signatures.					