No. W 85383		Due no later than Jul 31, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PENELOPE PARKER			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 PO		iling Address: Correct in this box if needed. GROUP LLC (THE) COLEMAN (1293 ALLS ID 83301	TWIN FALLS	320 MAIN AVE NORTH TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Ad	dresses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MIKE	WRIGHT ARDEMA HELTON	PO BOX 1293 PO BOX 1293 PO BOX 1293	TWIN FALLS TWIN FALLS TWIN FALLS	ID ID ID	USA USA USA	83303 83303 83303-1293	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: John Coleman Date: 07/10/2014					
W 85383		Name (type or print): John Coleman Title: Agent					
Processed 07/10/2014	* Electronically provided signatures are accepted as original signatures.						