

No. <b>W 12852</b>		<b>Due no later than Sep 30, 2014</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> OWINGS ENTERPRISES, L.L.C. THOMAS D. OWINGS 495 OWINGS LN PO BOX 463 GLENNS FERRY ID 83623-0463		THOMAS D OWINGS 495 OWINGS LN GLENNS FERRY ID 83623-0463		3. <u>New</u> 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	
MANAGER	THOMAS D OWINGS	495 OWINGS LN PO BOX 463	GLENNS FERRY	ID	USA	83623-0463	
5. Organized Under the Laws of:  <b>ID W 12852</b>		6. Annual Report must be signed.* Signature: Thomas D. Owings Name (type or print): Thomas D. Owings		Date: 07/30/2014 Title: Manager			
Processed 07/30/2014		* Electronically provided signatures are accepted as original signatures.					