No. W 87537		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1. Mailing	Annual Report Form 1. Mailing Address: Correct in this box if needed. SEAPORT EQUIPMENT LLC CHRISTINA A. SKOW PO BOX 1202 LEWISTON ID 83501 USA CHRISTINA SKOW 3702 21ST ST LEWISTON 83501 SEAPORT EQUIPMENT LLC CHRISTINA SKOW 3702 21ST ST LEWISTON 83501 SEAPORT EQUIPMENT LLC CHRISTINA SKOW 3702 21ST ST LEWISTON 83501					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SEAPORT EC CHRISTINA PO BOX 120			LEWISTON 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and Addres	ses of at least one Member or Manager.					
Office Held Name	e	Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRI	STINA A. SKOW	PO BOX 1202	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of	6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: 0	Signature: Christina A Skow		Date: 10/05/2014			
W 87537	Name (type	Name (type or print): Christina A Skow		Title: Manager			
Processed 10/05/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					