No. W 140631	De	Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		REGISTERED AGENT SOLUTIONS INC			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. MAGLEBY PROFESSIONAL SERVICES, LLC J. BRADLEY SIMONS PO BOX 990		921 S ORCHARD ST STE G BOISE ID 83705-8404			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J. BRADLEY						
	PLEASANT G	PLEASANT GROVE UT 84062		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHAD A	MAGLEBY	1291 WEST CENTER	LINDON	UT	USA	84042	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
Signature: J. Bradley Simons			Date: 07/15/2016				
W 140631	Name (type o	or print): J. Bradley Simons		Title: CFO			
Processed 07/15/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					