

No. <b>J 2169</b>		<b>Due no later than Apr 30, 2014</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LEILANI NATURAL LLP GRANT K WARNER 2022 N POST ST POST FALLS ID 83854		GRANT K WARNER 2022 N POST ST POST FALLS ID 83854			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	GRANT K WARNER	2022 N POST ST	POST FALLS	ID	USA	83854	
PARTNER	MELANIE L WARNER	2022 N POST ST	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID J 2169</b>		6. Annual Report must be signed.* Signature: Grant Warner Name (type or print): Grant Warner					
		Date: 05/28/2014 Title: Partner					
Processed 05/28/2014		* Electronically provided signatures are accepted as original signatures.					