No. <b>W 92167</b>		Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BRENT W SLEEP				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.		231 LAKESHORE DR SAGLE ID 83860				
		SLEEP AND SON BUILDING CONTRACTORS LLC TAWNIE L SLEEP 231 LAKESHORE DR SAGLE ID 83860 USA			SAGLE ID 03000			
					3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	TAWNIE L SLEEP BRENT W SLEEP		231 LAKESHORE DR. 231 LAKESHORE DR.		SAGLE SAGLE	ID ID	USA USA	83860 83860
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 92167		Signature: Tawnie Sleep			Date: 03/27/2013			
		Name (type or print): Tawnie Sleep			Title: Member			
Processed 03/27/2013		* Electronically provided	I signatures are accepted as origina	al signa	itures.			