

No. W 127889		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. B FAURE ATC-L PLLC BRENT M FAURE 13279 N MOONGLOW LN POCATELLO ID 83202 USA		BRENT FAURE 13279 N MOONGLOW LN POCATELLO ID 83202			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	CAROLINE E FAURE	13279 N MOONGLOW LN	POCATELLO	ID	USA	83202-5122	
5. Organized Under the Laws of: ID W 127889		6. Annual Report must be signed.* Signature: Brent Faure Name (type or print): Brent Faure Date: 09/10/2014 Title: Owner					
Processed 09/10/2014 * Electronically provided signatures are accepted as original signatures.							