

No. W 148472	Due no later than Feb 29, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CHRIS'S COMPUTER CARE PROFESSIONALS LLC CHRIS COMPUTER CARE PROFESSIONALS PO BOX 50088 BOISE ID 83705-0088 USA		CHRISTOPHER ROBISON 2823 S SNOWFLAKE DR BOISE ID 83706			
			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
MANAGER	CHRIS M ROBISON	2823 S SNOWFLAKE DR	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 148472	6. Annual Report must be signed.* Signature: Chris Robison Name (type or print): Chris Robison		Date: 05/09/2016 Title: Manager			
Processed 05/09/2016		* Electronically provided signatures are accepted as original signatures.				