No. W 38143		Due no later than Mar 31, 2015		2	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. SERVICE, L.L.C. HERB ALLEN 141 1ST AVE EAST JEROME ID 83338 USA			HERB D ALLEN 141 1ST AVE EAST JEROME 83338 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080									
NO FILING FEE IF RECEIVED BY DUE DATE									
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 HERB D ALLE		EN	141 1ST AVE EAST	я	JEROME	ID		83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: BRANDIE MCFALL			Date: 02/03/2015				
W 38143		Name (type or print): BRANDIE MCFALL			Title: OFFICE MANAGER				
Processed 02/03/201	5	* Electronically provided	Electronically provided signatures are accepted as original signatures.						