No. W 2014		Due no later than Jan 31, 2015		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 100 100 100 100 100 100 100 100 100	LAUREN SLETTE			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.			11132 W HICKORY DALE DR BOISE 83713			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		QBRESOURCE, LLC LAUREN SLETTE 3355 N FIVE MILE RD, #141						
NO EU INC EEE TE		BOISE ID 83713		3. <u>New</u> Reg	3. <u>New</u> Registered Agent Signature:*			
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 Nam	ne		Street or PO Address	City	State	Country	Postal Code	
MANAGER LAU	REN K SLE	ГТЕ	11132 W HICKORY DALE DR	BOISE	ID		83713	
MANAGER MICI	MICHAEL O SLETTE		11132 W HICKORY DALE DR	BOISE	ID		83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: LAUREN SLETTE			Date: 01/30/2015			
W 2014		Name (type or print): LAUREN SLETTE			Title: OWNER			
* Electronically provided signatures are accepted as original signatures.								