No. W 57850	Due no later than Jan 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. ROCKY 19, LLC OWEN W KINGMAN PO BOX 231 SWAN VALLEY ID 83449-0231		971 RAVEN IRWIN ID	OWEN KINGMAN 971 RAVEN RD IRWIN ID 83428 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER OWEN KINGMAN KINGMAN 971 RAVEN ROAD		IRWIN	ID		83428		
5. Organized Under the Laws of: 6. Annual Report mus		nust be signed.*					
ID	Signature: Owe		Date: 11/13/2015				
W 57850	Name (type or p		Title: Manager				
Processed 11/13/2015	* Electronically provided signatures are accepted as original signatures.						