No. W 115779		A PRODUCTION OF THE PRODUCTION AND ADMINISTRATION AND		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHAILA BUCKLEY 5173 E. SOFTWOOD DR. BOISE ID 83716			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		SHAILA BUCKLEY, ATTORNEY AT LAW, PLLC SHAILA BUCKLEY 5173 E. SOFTWOOD DR.		BOISE ID	DODE 10 03710			
		BOISE ID 83716		3. <u>New</u> Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Cor	mpanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHAILA D E	BUCKLEY	5173 E. SOFTWOOD DR.	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 115779		Signature: Shaila Buckley			Date: 06/08/2016			
		Name (type or		Title: Manager				
Processed 06/08/2016		* Electronically provided signatures are accepted as original signatures.						