No. <b>W 145124</b> Return to:		Due no later than Dec 31, 2015 Annual Report Form		_	2. Registered Agent and Address (NO PO BOX) STACEY LEWIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BELLE CENTER, LLC 5161 REMEMBER DR AMMON ID 83406		'	5161 REMEMBER DR AMMON ID 83406  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Nai	nes and Addresses of at lea	ast one Member or Manager.					
Office Held	Name		Street or PO Address	Ci	ity	State	Country	Postal Code
MEMBER	EMBER STACEY LEWIS		5161 REMEMBER DR	AI	MMON	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Stacey Lewis			Date: 10/14/2015			
W 145124		Name (type or print): Stacey Lewis			Title: Managing member			
Processed 10/14/2015 * Electronically provided signatures are accepted as original signatures.								