No. **W 8707**	**Due no later than May 31, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** POINDEXTER'S, LLC SUSAN BUHLER WARE & ASSOC 149 3RD AVE E TWIN FALLS ID 83303-0124	WARE & ASSOC 149 3RD AVE E TWIN FALLS ID 83303-0124 3. New Registered Agent Signature:*

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
MANAGER	SUSAN BUHLER	253 7TH AVE N	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 8707**	Signature: Susan Buhler	Date: 03/21/2016
	Name (type or print): Susan Buhler	Title: Manager

Processed 03/21/2016

* Electronically provided signatures are accepted as original signatures.