

No. <b>W 87537</b>		<b>Due no later than Oct 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SEAPORT EQUIPMENT LLC CHRISTINA A. SKOW PO BOX 1202 LEWISTON ID 83501 USA		CHRISTINA SKOW 3702 21ST ST LEWISTON ID 83501			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHRISTINA A. SKOW	Street or PO Address PO BOX 1202		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 87537</b>		6. Annual Report must be signed.*  Signature: Christina A. Skow Name (type or print): Christina A. Skow  Date: 10/16/2013 Title: Manager					
Processed 10/16/2013      * Electronically provided signatures are accepted as original signatures.							