

No. <b>W 105045</b>		<b>Due no later than Jul 31, 2016</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>  DEPENDABLE FACILITY SERVICES, L.L.C. ANDREA MCCANN 2124 UNIVERSITY AVE W SAINT PAUL MN 55114-1352		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<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 CHRISTOPHER W. REID	Street or PO Address 2124 UNIVERSITY AVE W		City SAINT PAUL	State MN	Country USA	Postal Code 55114
5. Organized Under the Laws of:  <b>DE</b> <b>W 105045</b>		6. Annual Report must be signed.*  Signature: Christopher W. Reid Name (type or print): Christopher W. Reid  Date: 07/07/2016 Title: Manager					
Processed 07/07/2016      * Electronically provided signatures are accepted as original signatures.							