No. <b>W 13989</b>	Due no later than Jan 31, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			CAMILLE R OLDENBURG			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  OLDENBURG BUSINESS SOLUTIONS, L.L.C.  CAMILLE R OLDENBURG  4045 S SUNTREE WAY		N 17 18 18 18 18 18 18 18 18 18 18 18 18 18	4045 S SUNTREE WAY BOISE ID 83706-5774			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			POISE ID				
	BOISE ID 83706-5774		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CAMILLE R	OLDENBURG	4045 S SUNTREE WAY	BOISE	ID	USA	83706-5774	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	Signature: Ca		Date: 12/17/2016				
W 13989	Name (type o		Title: Owner				
Processed 12/17/2016	* Electronically provided signatures are accepted as original signatures.						