No. **W 40904**	**Due no later than Jul 31, 2015** **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.** CUSHMAN, LLC KELLY CUSHMAN PO BOX 220 BLACKFOOT ID 83221	MURRAY JIM SORENSEN 285 N W MAIN ST BLACKFOOT ID 83221 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	KELLY CUSHMAN	161 DEWEY ST	BLACKFOOT	ID		83221
MEMBER	LEISA CUSHMAN	161 DEWEY ST	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 40904**	Signature: KELLY CUSHMAN	Date: 05/20/2015
	Name (type or print): KELLY CUSHMAN	Title: OWNER

Processed 05/20/2015

* Electronically provided signatures are accepted as original signatures.