No. W 132622		Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				GRANT THOMPSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALETHEL TRAVIS 439 E SH	ng Address: Correct in this box if needed. A CAPITAL, LLC G THOMPSON IORE DR STE 100 D 83616	287 E WOODLANDER LN EAGLE ID 83616 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATI	E						
4. Limited Liability Companies: E	inter Names and Add	resses of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
MANAGER TRA	VIS G THOMPSON	439 E SHORE DR SUITE 100	EAGLE	ID	USA	83616	
5. Organized Under the Laws of	f: 6. Annual F	6. Annual Report must be signed.*					
ID	Signatur	Signature: Travis Thompson Date: 12/31/2015					
W 132622	Name (t	Name (type or print): Travis Thompson Title: Ma		Manager			
* Electronically provided signatures are accepted as original signatures.							