

No. <b>W 43065</b>		<b>Due no later than Sep 30, 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>  CAROLYN CASEY LLC CAROLYN MURPHY CASEY 9259 W BEACHSIDE LANE BOISE ID 83714		CAROLYN MURPHY CASEY 9259 W BEACHSIDE LANE BOISE ID 83714			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CAROLYN MURPHY CASEY	9259 W BEACHSIDE LANE	BOISE	ID	83714		
MANAGER	CLINTON O CASEY	9259 W BEACHSIDE LANE	BOISE	ID	83714		
5. Organized Under the Laws of:  <b>ID</b> <b>W 43065</b>		6. Annual Report must be signed.*  Signature: Carolyn Casey Name (type or print): Carolyn Casey					
		Date: 08/30/2016 Title: Manager					
Processed 08/30/2016		* Electronically provided signatures are accepted as original signatures.					