

No. W 140898	Due no later than Aug 31, 2016 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	1. Mailing Address: Correct in this box if needed. PERKINS, LLC GRANT SIMONS 960 KELLY TOPONCE RD BANCROFT ID 83217		GRANT SIMMONS 960 KELLY TOPONCE RD BANCROFT ID 83217				
NO FILING FEE IF RECEIVED BY DUE DATE			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 GRANT M SIMONS	Street or PO Address 960 KELLY TOPONCE ROAD	City BANCROFT	State ID	Country USA	Postal Code 83217	
5. Organized Under the Laws of: ID W 140898	6. Annual Report must be signed.* Signature: Grant Simons Name (type or print): Grant Simons						Date: 07/07/2016 Title: Manager
Processed 07/07/2016	* Electronically provided signatures are accepted as original signatures.						