No. W 78219	De	Due no later than Oct 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CUYKENDALI	_		
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		6091 S SNOWDRIFT PL BOISE ID 83709-7072			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PORTEMONNIAE, LLC MARCIA CUYKENDALL 6091 S SNOWDRIFT PL						
		BOISE ID 83709-7072		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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	
MEMBER FRANS P POULISSEN		6091 S. SNOWDRIFT PL	BOISE	ID	USA	83709-7072	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Marcia Cuykendall		Date: 10/23/2013				
W 78219	Name (type o	Name (type or print): Marcia Cuykendall		Title: Managing Partner			
Processed 10/23/2013	* Electronically p	* Electronically provided signatures are accepted as original signatures.					