

No. <b>W 83517</b>		<b>Due no later than Apr 30, 2013</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>  E-SQUARED, LLC KYLE S. ELFE 454 STAR DR. BURLEY ID 83301 USA		RANDOLPH P ELFE 454 STAR DR BURLEY ID 83318			
<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 MANAGER	Name KYLE S. ELFE	Street or PO Address 265 BLAKELAND DR.		City SPING CREEK	State NV	Country USA	Postal Code 89815
5. Organized Under the Laws of:  <b>ID</b> <b>W 83517</b>		6. Annual Report must be signed.*  Signature: Kyle Elfe Name (type or print): Kyle Elfe  Date: 05/15/2013 Title: Manager					
Processed 05/15/2013      * Electronically provided signatures are accepted as original signatures.							