No. W 147943	Due no later than Feb 29, 2016			2. Registered Agent and Address (NO PO BOX)				
Return to: Annual Rep		Annual Report Form		BONNERVENTURE, INC.				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. 405 E 2ND VENTURE, LLC PO BOX 1701 POST FALLS ID 83877		1264 N AMERICAN DR POST FALLS ID 83854					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
			3. <u>New</u> Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Na	mes and Addresses	s of at least one Member or Manager.						
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER BONNERVENTURE, INC.		PO BOX 1701		POST FALLS	ID	USA	83877	
5. Organized Under the Laws of:	6. Annual Report must be signed.*							
ID	ID Signature: M. Sean Bonner			Date: 02/29/2016				
W 147943	Name (type or print): M. Sean Bonner		Title: Pres, Bonnerventure, Inc					
Processed 02/29/2016	* Electronically provided signatures are accepted as original signatures.							