No. **W 69421**	**Due no later than Dec 31, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ORME FAMILY, LLC BRAD ORME PO BOX 481 SUGAR CITY ID 83448 USA	BRAD S ORME 6 EAST CENTER SUGAR CITY 83448 3. New 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
MEMBER	BRAD S ORME	PO BOX 481	SUGAR CITY	ID		83448
MEMBER	DAEDRE ORME	PO BOX 481	SUGAR CITY	ID		83448

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 69421**	Signature: D. Orme	Date: 01/14/2015
	Name (type or print): D. Orme	Title: Member

Processed 01/14/2015

* Electronically provided signatures are accepted as original signatures.