

No. <b>W 120934</b>	<b>Due no later than Jan 31, 2016</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>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  RRS PATIENT DECONTAMINATION LLC CHRIS MAZE 1997 WHITE PINE DR. MIDDLETON ID 83644	KARA MAZE 1997 WHITE PINE DR. MIDDLETON ID 83644-8364				
		3. <u>New</u> 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
MANAGER	CHRIS MAZE	1997 WHITE PINE DR.	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of:  <b>ID</b> <b>W 120934</b>	6. Annual Report must be signed.* Signature: Joseph W Roberts Name (type or print): Joseph W Roberts Date: 02/16/2016 Title: Co- Manager					
Processed 02/16/2016		* Electronically provided signatures are accepted as original signatures.				