No. <b>W 96142</b> Return to:		Due no later than Sep 30, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ORRIGINAL LLC JENNIFER ORR 5106 GROVER ST BOISE ID 83705			2. Registered Agent and Address (NO PO BOX)  JENNIFER ORR 5106 GROVER ST BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter N	ames and Addre	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JENNIFER I	O ORR	5106 GROVER	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jennifer Orr			Date: 09/11/2013			
W 96142		Name (type	e or print): Jennifer Orr		Title: Owner			
Processed 09/11/2013	ocessed 09/11/2013 * Electronically provided signatures are accepted as original signatures.							