

No. W 106870	Due no later than Sep 30, 2013 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. FELSTED AND KAUFMAN, LLC 2985 MAYFAIR RIDGE LEWISTON ID 83501

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL KAUFMAN	2985 MAYFAIR RIDGE	LEWISTON	ID	USA	83501
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	WILLIAM N. FELSTED	10826 S. GEORGE ROAD	SPokane	WA	USA	99224
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: IDAHO W 106870	6. Signature: <u>Michael Kaufman</u> Date: <u>9-4-13</u> Name (type or print): <u>MICHAEL KAUFMAN</u> Title: <u>MEMBER + MANAGER</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM