




No. W 134010	Due no later than Feb 28, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JAY DEE ARD 119 N 2400 E ST ANTHONY ID 83445
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. SHAYMLESS RECOVERY LLC JAY DEE ARD 119 N 2400 E ST ANTHONY ID 83445		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/>	Jay Dee Ard	119 N 2400 E	St Anthony	Id		83445
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 134010 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3-16-15</u> </td> </tr> <tr> <td> Name (type or print): _____ </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: 	Date: <u>3-16-15</u>	Name (type or print): _____	Title: <u>owner</u>
Signature: 	Date: <u>3-16-15</u>				
Name (type or print): _____	Title: <u>owner</u>				

Issued 03/12/2015 by KAH 108341

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM