No. W 62469		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing A SHIRLEY'S BO	Annual Report Form 1. Mailing Address: Correct in this box if needed. SHIRLEY'S BOOKKEEPING SERVICE LLC JAMES M. SPINELLI PO BOX 1826 HAILEY ID 83333		JAMES M SPINELLI 2310 MOONLIGHT DR HAILEY ID 83333				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	1 SPINELLI E SPINELLI	2310 MOONLIGHT DR 2310 MOONLIGHT DR	HAILEY HAILEY	ID ID		83333 83333		
5. Organized Under the Laws of: 6. Annual Re		t must be signed.*						
ID Signature		Date: 03/29/2016						
W 62469	Name (type o	Name (type or print): James M. Spinelli			Title: Manager			
Processed 03/29/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.						