


No. <b>W 75415</b>		Due no later than Jun 30, 2015 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PAUL BARTLEY ZIMMEREbNER 2859 N DEVLIN MERIDIAN ID 83646	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>		1. <b>Mailing Address: Correct in this box if needed.</b> 4 TEACHERS BY TEACHERS LLC ROBERT G BLAINE <del>1670 HIGHLAND</del> 2859 N. Devlin <del>BOISE ID 83706 USA</del> Meridian ID 83646		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
<b>Manager or Member</b>		<b>Name</b>		<b>Street or PO Address</b>	
<b>City</b>		<b>State</b>		<b>Country</b>	
<b>Postal Code</b>					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Robert G Blaine 2859 N. Devlin Meridian ID Ada 83646			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Paul Zimmerebner 2859 N. Devlin Meridian ID Ada 83646			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 75415</b>		6. Signature:  Name (type or print): <b>Robert G. Blaine</b>		Date: <b>5/28/15</b> Title: <b>Treasurer</b>	
Issued 04/24/2015 by SLD					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in **Block 1**. If more space is needed please add an attachment.