No. **W 121631**	**Due no later than Feb 28, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SHOP 24/7 LLC (THE) TIM OBRIEN 29 BACK ST. SMELTERVILLE ID 83868	TIM OBRIEN 119 K ST SMELTERVILLE ID 83868 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	TIM OBRIEN	29 BACK ST	SMELTERVILLE	ID	USA	83868

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 121631**	Signature: Tim Obrien Name (type or print): Tim Obrien	Date: 04/16/2014 Title: Officer

Processed 04/16/2014

* Electronically provided signatures are accepted as original signatures.