

No. W 5292	Due no later than Jan 31, 2016 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.		JAMES COLEGROVE 1822 RUBY CREEK RD NAPLES ID 83847			
	COLEGROVE, LLC CHRISTOPHER G COLEGROVE PO BOX 22 NAPLES ID 83847		3. <u>New</u> 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	CHRISTOPHER G COLEGROVE	PO BOX 17	NAPLES	ID		83847
MANAGER	BARBARA G COLEGROVE	PO BOX 17	NAPLES	ID		83847
5. Organized Under the Laws of: ID W 5292	6. Annual Report must be signed.* Signature: jim colegrove Name (type or print): jim colegrove		Date: 01/12/2016 Title: registered agent			
Processed 01/12/2016		* Electronically provided signatures are accepted as original signatures.				