No. **W 145064**	**Due no later than Dec 31, 2015** **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.** SOWARDS LIVING TRUST #4, LLC NORMAN K SOWARDS 3212 W 3000 N MOORE ID 83255	NORMAN K SOWARDS 3212 W 3000 N MOORE ID 83255-8325 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
MEMBER	NORMAN KENT SOWARDS	3212W, 3000N	M00RE	ID	USA	83255

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 145064**	Signature: N K SOWARDS	Date: 10/22/2015
	Name (type or print): N K SOWARDS	Title: TRUSTEE

Processed 10/22/2015

* Electronically provided signatures are accepted as original signatures.