

No. W 515		Due no later than Sep 30, 2013		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. KOWALLIS AND MACKEY, IV, L.L.C. JOHN MACKEY 4679 W PRICKLY PEAR DR EAGLE ID 83616		JOHN MACKEY 4679 W PRICKLY PEAR DR EAGLE ID 83616				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			
MEMBER	DOUG L KOWALLIS	3019 INIS STREET	BOISE	ID	USA	83703			
MEMBER	JOHN MACKEY	4679 W PRICKLY PEAR DR	EAGLE	ID	USA	83616			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 515		Signature: John Mackey				Date: 07/15/2013			
		Name (type or print): John Mackey				Title: Member			
Processed 07/15/2013		* Electronically provided signatures are accepted as original signatures.							