No. <b>W 96650</b>		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form		MICHAEL LAVIGNE					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		221 CEDAR STREET WALLACE ID 83873					
		CAPITAL PEAK PARTNERS, LLC MICHAEL LAVIGNE 602 CEDAR STREET #205			WALDICE ID 630/3				
		WALLACE ID 83873			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: E	nter Nar	mes and Addresse	es of at least one Member or Manager						
Office Held Name	е		Street or PO Address		City	State	Country	Postal Code	
MANAGER MICH	IAEL B	LAVIGNE	221 CEDAR STREET		WALLACE	ID	USA	83873	
5. Organized Under the Laws of:		6. Annual Report	t must be signed.*						
ID W 96650		Signature: Michael Lavigne			Date: 07/16/2014				
		Name (type or print): Michael Lavigne			Title: Managing Member				
Processed 07/16/2014	* Electronically provided signatures are accepted as original signatures.								