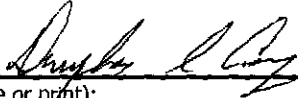
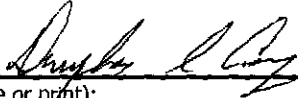
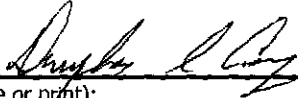


No. W 87193	Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DOUGLAS COOPER 2046 DEBORAH PL BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COOPER'S DIVERSIFIED SERVICES, LLC 2046 DEBORAH PL BOISE ID 83709		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DOUGLAS Cooper 2046 DEBORAH PL. Boise ID. ADA 83709					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 87193 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>9-30-15</u> </td> </tr> <tr> <td> Name (type or print): <u>DOUGLAS S. Cooper</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table>	Signature: 	Date: <u>9-30-15</u>	Name (type or print): <u>DOUGLAS S. Cooper</u>	Title: <u>OWNER</u>
Signature: 	Date: <u>9-30-15</u>				
Name (type or print): <u>DOUGLAS S. Cooper</u>	Title: <u>OWNER</u>				

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