No. **W 91505**	**Due no later than Mar 31, 2014** **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.** QUALITY & DIVERSIFIED SERVICES, LLC BRIAN V THOMAS 1630 23RD AVENUE SUITE 101 LEWISTON ID 83501 USA	BRIAN V THOMAS 1630 23RD AVENUE SUITE 101 LEWISTON ID 83501 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	ANGELA P THOMAS	3633 THIRTEENTH STREET	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 91505**	Signature: Brian V. Thomas	Date: 02/24/2014
	Name (type or print): Brian V. Thomas	Title: Agent

Processed 02/24/2014

* Electronically provided signatures are accepted as original signatures.