

No. W 36283		Due no later than Jan 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		1. Mailing Address: Correct in this box if needed. CPMS, LLC JOANN K CORLEY PO BOX 904 WALLACE ID 83873		JOANN K CORLEY 65617 GROUSE GULCH RD WALLACE 83873			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOANN K CORLEY	Street or PO Address PO BOX 904		City WALLACE	State ID	Country	Postal Code 83873
5. Organized Under the Laws of: ID W 36283		6. Annual Report must be signed.* Signature: JOANN K CORLEY Name (type or print): JOANN K CORLEY Date: 11/21/2014 Title: MANAGER					
Processed 11/21/2014 * Electronically provided signatures are accepted as original signatures.							