No. W 53602		Due no later than Aug 31, 2016 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) TIMOTHY J STOVER			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WORST, FITZGERALD & STOVER, PLLC TIMOTHY J STOVER P.O. BOX 1428			905 SHOSHONE STREET N TWIN FALLS ID 83301			
		NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Con	npanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER TIMOTHY J		STOVER	PO BOX 1428		TWIN FALLS	ID		83303-1428
MEMBER RICHARD J		WORST	P.O. BOX 1428		TWIN FALLS	ID	USA	83303-1428
MEMBER	JOHN O FIT	ZGERALD	P.O. BOX 1428		TWIN FALLS	ID	USA	83303-1428
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 53602		Signature: Timothy J. Stover			Date: 08/30/2016			
		Name (type or print): Timothy J. Stover			Title: Member			
Processed 08/30/2016		* Electronically pr	ovided signatures are accepted as origin	al signa	tures.			