No. W 137899 Return to:		Due no later than May 31, 2015 Annual Report Form	2. Registered Agent and Address (NO PO BOX) ANDY HENNING 1825 FLORAL AVE TWIN FALLS 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SQUARE TOP LLC GARY HENNING 1825 FLORAL AVE TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Com	ıpanies: Enter Naı	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER GARY HENNI		NG 1825 FLORAL AVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Christine Miller	Date: 03/31/2015			
W 137899		Name (type or print): Christine Miller	Title: Bookkeeper			
Processed 03/31/2015 * Electronically provided signatures are accepted as original signatures.						