

No. W 27420		Due no later than Dec 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SWALLOW FAMILY, LLC JOHN A SWALLOW 905 S JARVIS RD COEUR D ALENE ID 83814		JOHN A SWALLOW 905 S JARVIS RD COEUR D'ALENE 83814	
				3. <u>New</u> 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
MANAGER	JOHN A SWALLOW	905 S JARVIS RD	COEUR D'ALENE	ID	83814
5. Organized Under the Laws of: ID W 27420		6. Annual Report must be signed.* Signature: John A Swallow Name (type or print): John A Swallow Date: 11/10/2014 Title: manager			
Processed 11/10/2014		* Electronically provided signatures are accepted as original signatures.			