No. W 56359 Return to:	Due no later than Nov 30, 2015 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) CHRIS H BREVICK 6720 ASHLAND DR BOISE ID 83709 2015 SEP 22 PM 2: 0
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BREVICK CONSULTING SERVICES, LLC 6720 ASHLAND DR BOISE ID 83709-2043	
NO FILING FEE IF RECEIVED BY DUE DATE		SEOncTARY OF STATE 3. <u>New</u> Registered Agent Signate OF IDA 10
4. Limited Liability Manager or Member	Companies: Enter Names and Addresses of Manage Name Street or PO Address Cit	
	CURIS HBREVICK, & 720 ASALOND ; DRIVE	· · · ·
Manager 🗌 Member 🛄		
5. Organized Under the Lav IDAHO W 56359	vs of: 6. Signature: Azis ABran Name (type or print): CHEISH. BREVICK	nik Date: 09/22/2015 Title: MANAGER
Issued 09/22/2015 by TLB		126682

## **INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailines, the