

No. W 128271	Due no later than Aug 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		TIMOTHY P LEAKE 16248 W SUMMERFIELD RD POST FALLS ID 83854			
	TOP NOTCH INSPECTIONS, LLC TIMOTHY PATRICK LEAKE 16248 W SUMMERFIELD RD POST FALLS ID 83854		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	SUZANNE M LEAKE	16248 W SUMMERFIELD RD	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 128271	6. Annual Report must be signed.* Signature: Timothy P Leake Name (type or print): Timothy P Leake		Date: 07/01/2016 Title: President			
Processed 07/01/2016		* Electronically provided signatures are accepted as original signatures.				