

No. W 106870	Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FELSTED AND KAUFMAN, LLC 2985 MAYFAIR RIDGE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MICHAEL KAUFMAN</td> <td>2985 MAYFAIR RDG</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>WILLIAM FELSTED</td> <td>4806 SOUTH ST ANDREWS LANE</td> <td>SPOKANE</td> <td>WA</td> <td>USA</td> <td>99223</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL KAUFMAN	2985 MAYFAIR RDG	LEWISTON	ID	USA	83501	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	WILLIAM FELSTED	4806 SOUTH ST ANDREWS LANE	SPOKANE	WA	USA	99223	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 106870 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td style="text-align: center;"><u>Michael Kaufman</u></td> <td style="text-align: center;"><u>9-14-15</u></td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td style="text-align: center;"><u>MICHAEL KAUFMAN</u></td> <td style="text-align: center;"><u>MEMBER MANAGER</u></td> </tr> </table>			Signature:	Date:	<u>Michael Kaufman</u>	<u>9-14-15</u>	Name (type or print):	Title:	<u>MICHAEL KAUFMAN</u>	<u>MEMBER MANAGER</u>																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM