No. <b>W 155994</b>		Due no later than Sep 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  VAPEN RAY'S LLC  MICHAEL CANNON  665 MILWAUKEE AVE PLUMMER ID 83851		665 MILWAU PLUMMER II	MICHAEL CANNON 665 MILWAUKEE AVE PLUMMER ID 83851-8385  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL CA	ANNON	665 MILWAUKEE AVE.	PLUMMER	ID	USA	83851	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mi		Date: 10/20/2016				
W 155994		Name (type o		Title: Owner				
Processed 10/20/2016	rocessed 10/20/2016 * Electronically provided signatures are accepted as original signatures.							