No. <b>J 2149</b>		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NATHAN KIM			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.  6307 W INTERCHANGE LN BOISE 83709					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	M/	BLAINE CHRISTENSEN INSURANCE & ASSOCIATES, LLP MARISSA PEARMAN 6307 W INTERCHANGE LN		BOISE 63709			
		BOISE ID 83709		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Partnerships:	Enter Names	and Business Addresses of two (2) or more partners.					
Office Held Nam	ie	Street or PO Address	City	State	Country	Postal Code	
	HAN KIM	6307 W INTERCHANGE LN	BOISE	ID	USA	83709	
PARTNER JAN	CHRISTENSE	N 6307 W INTERCHANGE LN	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		nnual Report must be signed.*					
ID		Signature: Richlyn Kim Date: 12/29/2014					
J 2149		ame (type or print): Richlyn Kim	Title: Sec Tres				
Processed 12/29/2014	* Ele	* Electronically provided signatures are accepted as original signatures.					