

No. W 26156		Due no later than Sep 30, 2015		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		Annual Report Form		DAVY MITCHELL 3450 STONE GATE DRIVE AMMON ID 83404	
		1. Mailing Address: Correct in this box if needed. CUTTING EDGE CONSTRUCTION, LLC DAVY E MITCHELL 3450 STONEGATE AMMON ID 83406		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	DAVID MITCHELL	455 W 195 N	BLACKFOOT	ID	83221
MANAGER	TRAVIS RISA	455 W 195 N	BLACKFOOT	ID	83221
5. Organized Under the Laws of: ID W 26156		6. Annual Report must be signed.* Signature: davy mitchell Name (type or print): davy mitchell Date: 09/30/2015 Title: manager			
Processed 09/30/2015		* Electronically provided signatures are accepted as original signatures.			