

No. <b>W 127033</b>	<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		LINDA H LOFGRAN 1299 MORNINGSIDE DR REXBURG ID 83440			
	ARTHUR CALVIN LLC LINDA H. LOFGRAN 1299 MORNINGSIDE DR REXBURG ID 83440 USA		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	LINDA H. LOFGRAN	1299 MORNINGSIDE DR	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 127033</b>		6. Annual Report must be signed.* Signature: Linda H. Lofgran Name (type or print): Linda H. Lofgran		Date: 08/14/2015 Title: Manager		
Processed 08/14/2015		* Electronically provided signatures are accepted as original signatures.				