No. W 130841	Due no later than Nov 30, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			JUSTIN F CHRISTENSEN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		981 007 01 00 00 00 00 00 00 00 00 00 00 00 00	2862 EAST 671 NORTH ROBERTS ID 83444			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FE BUSINESS SERVICES, LLC JUSTIN F CHRISTENSEN 2862 EAST 671 NORTH		ROBERTS IL				
	Roberts ID 83444		3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 JUSTIN F CHRISTENSEN		2862 EAST 671 NORTH	ROBERTS	ID	USA	83444	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Justin Christensen			Date: 10/10/2015			
W 130841	Name (type or print): Justin Christensen			Title: Manager			
Processed 10/10/2015	* Electronically provided signatures are accepted as original signatures.						