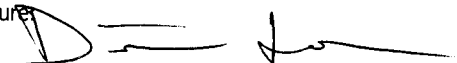
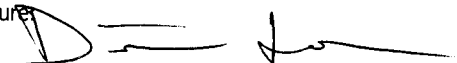
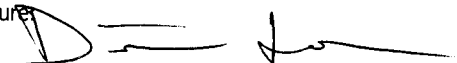


No. W 130634	Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BECKY BARTROP 3115 W STATE ST BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. STATE STREET BARBER LLC DANIEL LARA 3115 W STATE ST BOISE ID 83703-5875 USA		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Daniel Lara					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Becky Bartrop					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>		3115 State St.				Boise Id. 83703

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 130634 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: _____ </td> </tr> <tr> <td> Name (type or print): _____ </td> <td> Title: _____ </td> </tr> </table>	Signature: 	Date: _____	Name (type or print): _____	Title: _____
Signature: 	Date: _____				
Name (type or print): _____	Title: _____				