No. W 844 Return to:		Due no later than Jan 31, 2016 Annual Report Form			2. Registered Agent and Address (NO PO BOX) ROBERT D LILLY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		PARKWAY 1 ROBERT D PO BOX 222			1305 LOUISA AVE MCCALL ID 83638 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter N	ames and Addres	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	ROBERT D	LILLY	PO BOX 2222	I	MCCALL	ID	USA	83638
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 844		Signature: Robert Douglas Lilly Date: 01/14/2016						
		Name (type or print): Robert Douglas Lilly			Title: Manager			
Processed 01/14/2016	sed 01/14/2016 * Electronically provided signatures are accepted as original signatures.							