No. W 104591		Due no later than Jun 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CONCIERGE RISK ALTERNATIVES LLC VAN CARLSON PO BOX 99		VAN CARLSON 1112 W MAIN STREET SUITE 105 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID 83680 USA		3. New 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
MEMBER AARON SEEHAWER MEMBER VAN CARLSON			1112 W MAIN STREET SUITE 105 5874 N BLACK SAND AVE	BOISE MERIDIAN	ID ID	USA USA	83702 83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 104591		Signature: Van Carlson		Date: 04/23/2015			
		Name (type or print): Van Carlson		Title: Member			
Processed 04/23/2015 * Electronically provided signatures are accepted as original signatures.							