No. <b>W 49284</b>	Due no later than Apr 30, 2016	2. Registered A	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.  CENTER FOR LIMITED GOVERNMENT, LLC TOM SIMMONS 2512 WATERWHEEL RD EMMETT ID 83617	2512 WATE EMMETT II	TOM SIMMONS  2512 WATERWHEEL RD  EMMETT ID 83617  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter I	Names and Addresses of at least one Member or Manager.	J. <u>INCW</u> Registe	- Tea rigent 3	ignacare.		
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER TOM SIM	MONS 2512 WATERWHEEL ROAD	EMMETT	ID		83617	
5. Organized Under the Laws of:  ID  W 49284	6. Annual Report must be signed.* Signature: Tom Simmons Name (type or print): Tom Simmons		Date: 04/30/2016 Title: Manager			
Processed 04/30/2016	* Electronically provided signatures are accepted as original s	lectronically provided signatures are accepted as original signatures.				