

No. <b>W 46458</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CARL THOMAS, LLC CARL THOMAS P.O. BOX 2577 EAGLE ID 83616		CARL THOMAS 284 N. FIRST STREET EAGLE ID 83616		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name CARL THOMAS	Street or PO Address 284 N, 1ST STREET	City EAGLE	State ID	Country	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 46458</b>		6. Annual Report must be signed.*  Signature: Carl Thomas Name (type or print): Carl Thomas  Date: 01/11/2016 Title: Manager				
Processed 01/11/2016 * Electronically provided signatures are accepted as original signatures.						