

No. W 96650	Due no later than Sep 30, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CAPITAL PEAK PARTNERS, LLC MICHAEL LAVIGNE 602 CEDAR STREET #205 WALLACE ID 83873	MICHAEL LAVIGNE 221 CEDAR STREET WALLACE ID 83873	
		3. <u>New</u> 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
MANAGER	MICHAEL B LAVIGNE	29 MEADOW STREET	WALLACE ID USA 83873
5. Organized Under the Laws of: ID W 96650	6. Annual Report must be signed.* Signature: Michael Lavigne Name (type or print): Michael Lavigne		Date: 07/26/2016 Title: Manager
Processed 07/26/2016		* Electronically provided signatures are accepted as original signatures.	