No. **W 20160**	**Due no later than Jul 31, 2014** **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.** LIKELY SOLUTIONS, PLLC LERA SHEPPEARD 322 KALASPO OROFINO ID 83544 USA	LERA SHEPPEARD 1890 MARIANNA PL MERIDIAN ID 83646 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	LERA SHEPPEARD	PO BOX 6354	BOISE	ID	USA	83707

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20160**	Signature: Lera Sheppeard	Date: 06/23/2014
	Name (type or print): Lera Sheppeard	Title: Owner/Member

Processed 06/23/2014

* Electronically provided signatures are accepted as original signatures.