| No. W 68779 | | Due no later than Nov 30, 2015 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---|----------------|---|-------------|--|--|
| Return to: | Annual Report Form | | ANNA MARIA TRAINER | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Ad HELPFUL SOLU ANNA MARIA 3695 N SCOTC UNIT 2 | TRAINER | 3695 N SCOTCH PINE LN UNIT 2 COEUR D'ALENE ID 83815-1829 3. New Registered Agent Signature:* | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | COEUR D'ALENE ID 83815-1829 | | | | | | |
| 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 ANNA MA | ARIA TRAINER | 3695 N SCOTCH PINE LN UNIT 2 | COEUR D'ALENE | ID | | 83815-1829 | | |
| 5. Organized Under the Laws of: | 6. Annual Report | must be signed.* | | | | | | |
| ID | Signature: Ann | Signature: Anna Maria Trainer | | | Date: 09/28/2015 | | | |
| W 68779 | Name (type or | Name (type or print): Anna Maria Trainer | | Title: Manager | | | | |
| Processed 09/28/2015 | * Electronically pro | * Electronically provided signatures are accepted as original signatures. | | | | | | |