No. W 37693		Due no later than Mar 31, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JON S IVERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			2419 RAY AVE CALDWELL ID 83605-5252				
NO FILING FEE IF RECEIVED BY DUE DATE	CALDWELL USA	CALDWELL ID 83605-5252 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter	Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JON S I MANAGER LINDA L MANAGER TREVOR	IVERSON	2419 RAY AVE 2419 RAY AVE 2419 RAY AVE	CALDWELL CALDWELL CALDWELL	ID ID ID	USA USA USA	83605 83605 83605	
5. Organized Under the Laws of: 6. Annual R		port must be signed.*					
ID Signature: J W 37693 Name (type		n S Iverson Date: 04/23/2014 r print): Jon S Iverson Title: Owner/manager					
Processed 04/23/2014	* Electronicall	* Electronically provided signatures are accepted as original signatures.					