No. W 131140 Return to:		Due no later than Nov 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CORNER FOX LLC AARON POWERS PO BOX 669 VICTOR ID 83455		2. Registered Agent and Address (NO PO BOX) JULIE STOMPER 189 N MAIN ST STE 206 DRIGGS 83422 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER AARON POWERS		VERS	1545 SHIRE DRIVE P.O. BOX 669	VICTOR	ID	USA	83455
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Aaron Powers		Date: 02/02/2015			
W 131140		Name (type or print): Aaron Powers		Title: Member			
Processed 02/02/2015 * Electronically provided signatures are accepted as original signatures.							