No. W 5165			<mark>leport Form</mark> Than November 3		2. Registered Agent and		OT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing A	1. Mailing Address Please Correct, If Not Correct 155 2ND AVE N					
700 WEST JEFFERSON		LIGENT E	MPLOYMENT	SOLUT		ggi Hem. 'Il'441	
PO BOX 83720 BOISE, ID 83720-0080					TWIN FALL:	S I	83303
NO FEE REQUIRED	155 2	ND AVE N	AVE N	v	2 Occasional Understand Lawrence		
		TWIN FALLS ID 83303			3. Organized Under the Laws of:		
* FIRST NOTIC			ID 83		ID	₩	5165
 Corporations: Enter N. Limited Liability Comp 	ames and Business Add panies: Enter Names and	dresses of Presid d Addresses of	lent, Secretary and Managers or	Directors Members	check one)		
Office held	Name		or P.O. Address		City	State	Zie
	avid Cooper		Skylane I	r. T	win Falls,	Ιd	83301
	reg McDonald	922	S 1200 E	E	den,	Id	83325
Member M	Matt Lewis	2179	Oakwood (Court 7	win Falls,	Id	83301
5. Signature of New Re	egistered Agent	6. Signature	M/_	T	e 5 7	/27/1	999
		Signature 1	10		vare	- 1	
		Name (Typed o	Maft	rem18	Title	4embe	C ,
ISSUED: 07	-03-1999	<u> </u>		U		937	