

No. <b>W 17631</b>		<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LEASURE FAMILY QUARTET, LLC BRENDA J KREMPASZKY PO BOX 1277 BOISE ID 83701-1227		H. LARRY LEASURE 8385 W. EMERALD ST BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	
MANAGER	H. LARRY LEASURE	PO BOX 1227	BOISE	ID	83701-1227		
MANAGER	ILENE M. LEASURE	PO BOX 1227	BOISE	ID	83701-1227		
5. Organized Under the Laws of:  <b>ID</b> <b>W 17631</b>		6. Annual Report must be signed.*  Signature: H. Larry Leasure Name (type or print): H. Larry Leasure					
		Date: 12/08/2016 Title: Manager					
Processed 12/08/2016		* Electronically provided signatures are accepted as original signatures.					