No. <b>W 89967</b>		Due no later than Jan 31, 2014			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			THOMAS W CHALBERG 4078 N OXBOW BOISE ID 83713				
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.							
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		CHALBERG FII THOMAS W PO BOX 4357			BOISE ID 83713				
		BOISE ID 83711		3. <u>N</u>	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF		USA							
RECEIVED BY DUE DATE									
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held Nan	ne		Street or PO Address	Cit	ty	State	Country	Postal Code	
MANAGER THO	DMAS W	CHALBERG	P.O. BOX 4357	BC	DISE	ID	USA	83711	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 89967		Signature: Thomas W Chalberg Date: 11/18/2013							
		Name (type or print): Thomas W Chalberg Title: Managing Member							
Processed 11/18/2013 * Electronically provided signatures are accepted as original signatures.									