

No. W 515		Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KOWALLIS AND MACKEY, IV, L.L.C. JOHN MACKEY 4679 W PRICKLY PEAR DR EAGLE ID 83616		JOHN MACKEY 4679 W PRICKLY PEAR DR EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	DOUG L KOWALLIS	3019 INIS ST	BOISE	ID	USA	83703	
MEMBER	JOHN MACKEY	4679 W PRICKLY PEAR DR	BOISE	ID	USA	83616	
5. Organized Under the Laws of: ID W 515		6. Annual Report must be signed.* Signature: John Mackey Name (type or print): John Mackey Date: 08/04/2014 Title: Memeber					
Processed 08/04/2014 * Electronically provided signatures are accepted as original signatures.							