No. W 109318		Due no later than Dec 31, 2015		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VASSEUR, LLC THOMAS M VASSEUR 409 COEUR D ALENE ID 83814 THOMAS M VASSEUR COEUR D ALENE ID 83814 THOMAS M VASSEUR 409 COEUR D ALENE ID 83814			814			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		ames and Addresses	s of at least one Member or Manager					
Office Held	Name	inies and Addresse.	Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS M	I VASSEUR	409 COEUR D' ALENE AVE	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: TH		Date: 10/14/2015				
W 109318		Name (type or		Title: MANAGER				
Processed 10/14/2015 * Electronically provided signatures are accepted as original signatures.								