No. W 109119 Return to:		Due no later than Dec 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. SELF ENTERPRISES, LLC KATHLEEN S KRICK 1477 E 4450 N BUHL ID 83316		2. Registered Agent and Address (NO PO BOX) KATHLEEN S KRICK 1477 E 4450 N BUHL 83316 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SELF ENTERI KATHLEEN S 1477 E 4450						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	ALL T SELF LEEN S KRICK	1477 EAST 4450 NORTH 1477 EAST 4450 NORTH	BUHL BUHL	ID ID	USA USA	83316 83316	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID ID	Signature: K	Signature: Kathleen S Krick		Date: 01/16/2015			
W 109119	Name (type	Name (type or print): Kathleen S Krick		Title: Partner			
Processed 01/16/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					