

No. W 122716	Due no later than Mar 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HALLIDAY FAMILY LLC LYNN M DESHON 1859 SAGLE RD SAGLE ID 83860		LYNN M DESHON 1859 SAGLE RD SAGLE ID 83860			
			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	LYNN MARIE DESHON	1859 SAGLE RD	SAGLE	ID	USA	83860
5. Organized Under the Laws of: ID W 122716	6. Annual Report must be signed.* Signature: Lynn Deshon Name (type or print): Lynn Deshon		Date: 01/26/2016 Title: Manager			
Processed 01/26/2016		* Electronically provided signatures are accepted as original signatures.				