No. <b>W 64784</b>		D	2. Registered A	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.  CARRIAGE ROAD, LLC JOEL D JOHNSON 1619 RICHARDSON AVE LEWISTON ID 83501-5912		1619 RICHAR	JOEL DAVID JOHNSON 1619 RICHARDSON AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
				3 New Register				
NO FILING FEE IF RECEIVED BY DUE DATE		USA		3. <u>New</u> Register	3. recv registered Agent Signature.			
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	JOEL DAVID LORENE FAY		1619 RICHARDSON AVE 1619 RICHARDSON AVE	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 64784		Signature: JO Name (type o		Date: 05/20/2015 Title: MEMBER				
Processed 05/20/2015 * Electronically provided signatures are accepted as original signatures.								