No. <b>W 55340</b> Return to:		Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  JASON KOVAC 1045 SOUTH ANCONA AVE SUITE 150 EAGLE ID 83616  3. New Registered Agent Signature:*			
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.  KOVAC L.L.C.  JASON KOVAC  1045 SOUTH ANCONA AVE  SUITE 150  EAGLE ID 83616  USA	SUITE 150 EAGLE ID				
			3. <u>New</u> Regist				
4. Limited Liability Cor	mpanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JASON KOV	AC 1119 E. STATE STREET	BOISE	ID		83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jason Kovac		Date: 08/17/2015			
W 55340		Name (type or print): Jason Kovac		Title: Member			
Processed 08/17/2015 * Electronically provided signatures are accepted as original signatures.							