

No. W 108501	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) FRANK SHOEMAKER 3497 E ZALDIA LN MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SHOEMAKER APPRAISAL SERVICES, L.L.C. 2620 N COLE RD BOISE ID 83704		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	James D Shoemaker	1844 E Horse Creek	Meridian	ID		83642
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	James F Shoemaker	3497 E Zaldia Lane	Meridian	ID		83642
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 108501 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 12-10-2014 </td> </tr> <tr> <td> Name (type or print): James F Shoemaker. </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 12-10-2014	Name (type or print): James F Shoemaker.	Title: Manager
Signature: 	Date: 12-10-2014				
Name (type or print): James F Shoemaker.	Title: Manager				

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