No. W 89216		Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHARP FAMILY LLC MICHAEL W SHARP 14026 ROCHESTER DR		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				14026 ROCHI BOISE ID 8	MICHAEL SHARP 14026 ROCHESTER DR BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE RECEIVED BY DUE 4. Limited Liability Compa	DATE	BOISE ID 83713 mes and Addresses of a	it least one Member or Manager.	3. <u>New</u> Register	ed Agent S	ignature: "		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	JOHN W SH MICHAEL W		711 E. COUNTRYSIDE LN 14026 ROCHESTER DRIVE	IDAHO FALLS BOISE	ID ID	USA USA	83404 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 89216		Signature: Michael Sharp Name (type or print): Michael Sharp			Date: 11/07/2015 Title: Manager			
Processed 11/07/2015		* Electronically provide	d signatures are accepted as origina	l signatures.		20 200		