No. W 119401	ı	Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPARROWBLEU PHOTOGRAPHY LLC LEVI C THOMASON 1915 N FOXGLOVE LN POST FALLS ID 83854		LEVI THOMASON 1915 N FOXGLOVE LN POST FALLS ID 83854 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SPARROWB LEVI C THO 1915 N FOX						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	nter Names and Addres	ses of at least one Member or Manager.					
Office Held Name	<u> </u>	Street or PO Address	City	State	Country	Postal Code	
	C THOMASON A M THOMASON	1915 N FOXGLOVE LN 1915 N FOXGLOVE LN	POST FALLS POST FALLS	ID ID	USA USA	83854 83854	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature: I	Signature: Levi Thomason		Date: 09/19/2015			
W 119401	Name (type	Name (type or print): Levi Thomason		Title: Manager			
Processed 09/19/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					