No. <b>W 126236</b>		Due no later than Jun 30, 2015	2. Registered Agent and Address (NO PO BOX)  JARED REESE			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  STRIVE WEALTH & PROTECTION PLANNING LLC JARED REESE 5997 W STATE ST STE A BOISE ID 83703	BOISE ID	5997 W STATE ST STE A BOISE ID 83703  3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Com	npanies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JARED REES	E 5997 W STATE ST STE A	BOISE	ID	USA	83703
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Jared Reese	Date: 06/08/2015			
W 126236		Name (type or print): Jared Reese	Title: Managing Member			
Processed 06/08/2015 * Electronically provided signatures are accepted as original signatures.						