No. **W 44515**	**Due no later than Nov 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** SMITH & CANNON PLLC NED A CANNON 504 MAIN STREET SUITE 420 LEWISTON ID 83501	NED A CANNON 504 MAIN STREET SUITE 420 LEWISTON ID 83501 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	NED A CANNON	504 MAIN STREET SUITE 420	LEWISTON	ID		83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 44515**	Signature: Ned A. Cannon	Date: 09/22/2015
	Name (type or print): Ned A. Cannon	Title: Manager

Processed 09/22/2015

* Electronically provided signatures are accepted as original signatures.