No. W 90723		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ACUMEN ENTERPRISES, LLC MARION J CHRISTENSEN 1214 MOUNTAIN AVE COEUR D ALENE ID 83814		MARION J CHRISTENSEN 1214 MOUNTAIN AVE			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ACUMEN ENTERF MARION J CHRI 1214 MOUNTAIN			COEUR D ALENE 83814 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	nter Names and Addresses of	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARION J CHRISTESEN		1412 MOUNTAIN AVE	COEUR D ALENE	ID	USA	83814	
6. Annual Report must be signed.*							
ID	Signature: jim cl	Signature: jim christensen		Date: 12/25/2014			
W 90723	Name (type or p	Name (type or print): jim christensen		Title: president			
Processed 12/25/2014	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					