No. <b>W 157647</b>		Due no later than Oct 31, 2016 Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HANSEN INJURY LAW, PLLC  MATTHEW HANSEN  2484 N STOKESBERRY PL  #150			MATTHEW HANSEN 2484 N STOKESBERRY PL #150 MERIDIAN ID 83646-8402  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID 83646 USA						
4. Limited Liability Compani	es: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
MANAGER	KENNETH L.	CHRISTENSEN	11693 S 700 E #100		DRAPER	UT	USA	84020
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kenneth L. Christensen			Date: 11/18/2016			
W 157647		Name (type or print): Kenneth L. Christensen Title: M				: Manager		
Processed 11/18/2016 * Electronically provided signatures are accepted as original signatures.								