No. W 80821		Due no later than Jan 31, 2015		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. JOSEPH SCHIESS LLC JOSEPH SCHIESS 190 FARRENS CREEK LN GRANGEVILLE ID 83530			JOSEPH SCHIESS 190 FARRENS CREEK LN GRANGEVILLE 83530 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				GRANGEVILLE				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: 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	IANAGER JOSEPH SCHIESS		190 FARRENS CREEK LN	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 80821		Signature: Jose		Date: 01/19/2015				
		Name (type or p		Title: manager				
Processed 01/19/2015 * Electronically provided signatures are accepted as original signatures.								