No. <b>W 67106</b>		Due no later than Sep 30, 2014  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		1. Mailing Address: Correct in this box if needed.  CAREY REALTY, L.L.C.  TAMMY K CAREY  PO BOX 422  OROFINO ID 83544  USA		TAMMY CAREY 13950 HWY 12 OROFINO ID 83544  3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nan		mas and Addresses of at	loast one Member or Manager					
Office Held	Name	mes and Addresses of at	Street or PO Address		City	State	Country	Postal Code
MEMBER TAMMY CARE		REY	PO BOX 422		OROFINO	ID	USA	83544
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Tammy Carey				Date: 07/	/25/2014	
W 67106		Name (type or print): Tammy Carey			Title: Broker			
Processed 07/25/2014 * Electronically provided signatures are accepted as original signatures.								