No. W 40919		Due no later than Jul 31, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. JOE'S EMPORIUM LLC JOSEPH LOMBARDO 615 MAIN ST CALDWELL ID 83605			JOSEPH LOMBARDO 615 MAIN ST CALDWELL ID 83605 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200	iles: Enter Nai	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JOSEPH LOMBARDO		2620 S WILLOW BROOK		CALDWELL	ID		83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: joseph lombardo			Date: 07/19/2015			
W 40919		Name (type or print): joseph lombardo			Title: manager			
Processed 07/19/2015 * Electronically provided signatures are accepted as original signatures.								