

No. W 72150		Due no later than Mar 31, 2016		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 RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. A STEP BACK IN TIME PHOTOGRAPHY BY COLLEEN PELOQUIN LLC COLLEEN A PELOQUIN PO BOX 1135 SPIRIT LAKE ID 83869		COLLEEN PELOQUIN N 34057 PRIEST RIVER DR SPIRIT LAKE ID 83869		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	COLLEEN A PELOQUIN	N 34057 PRIEST RIVER DR	SPIRIT LAKE	ID		83869	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 72150		Signature: Colleen A. Peloquin				Date: 01/28/2016	
		Name (type or print): Colleen A. Peloquin				Title: Manager	
Processed 01/28/2016		* Electronically provided signatures are accepted as original signatures.					