

No. <b>W 48487</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  L SQUARED, LLC CLAYTON L JONES 13601 W MCMILLAN RD STE 102 PMB 354 BOISE ID 83713		CLAYTON JONES 14071 W ROCHESTER DR BOISE ID 83713				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JOHN NELSON	1882 RIVERFORD	EAGLE	ID	83616			
MANAGER	CLAYTON JONES	14071 W ROCHESTER DR	BOISE	ID	83713			
5. Organized Under the Laws of:  <b>ID</b> <b>W 48487</b>		6. Annual Report must be signed.*  Signature: Clayton Jones Name (type or print): Clayton Jones						Date: 01/27/2017 Title: Manager
Processed 01/27/2017 * Electronically provided signatures are accepted as original signatures.								