No. <b>W 65720</b>	D	Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
eturn to:  SECRETARY OF STATE  700 WEST JEFFERSON		3	450 FALLS A	ANNE S TAYLOR PITTS 450 FALLS AVENUE SUITE 201 TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	A LAFLEUR 1 LAFLEUR	4227 EAST MADISON 3A 4227 EAST MADISON 3A	SEATTLE SEATTLE	WA WA	USA USA	98112 98112	
5. Organized Under the Laws of: 6. Annual		ort must be signed.*					
ID Signature: Ju		ulie LaFleur	Date: 06/18/2014				
W 65720	Name (type	or print): Julie LaFleur		Title: Member			
Processed 06/18/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					