No. W 130556		Due no later than Oct 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BARBARA F SMOLE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				d.	3630 HUBBARD LANE NEW MEADOWS ID 83654 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	BARBARA F	SMOLE	3630 HUBBARD LANE		NEW MEADOWS	ID	USA	83654
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Barbara F. Smole			Date: 08/17/2015			
W 130556		Name (type or print): Barbara F. Smole			Title: Owner			
Processed 08/17/2015		* Electronically pro	vided signatures are accepted as origi	nal signa	atures.			