

No. W 72367		Due no later than Mar 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EMMA R FIELDS 1315 Hwy 2 West 1319 N DIVISION STE 104 Suite C SANDPOINT ID 83864	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MANNER OF LIFE, LLC. EMMA R FIELDS 1319 N DIVISION STE 104 PO Box 991 SANDPOINT ID 83804 Bonners Ferry ID 83805		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name		Street or PO Address	
City		State		Country	
Postal Code					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Emma Fields PO Box 991 Bonners Ferry ID USA 83805			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 72367		Signature: <u>Emma Fields</u>		Date: <u>2/27/2014</u>	
		Name (type or print): <u>Emma Fields</u>		Title: <u>owner</u>	