

No. <b>W 55127</b>	<b>Due no later than Oct 31, 2015</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>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		FARRIS SMOTHERMAN 829 W ARBOR POINTE WAY NAMPA ID 83686			
	AGO, L.L.C. FARRIS SMOTHERMAN 829 W ARBOR POINTE WAY NAMPA ID 83606		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	FARRIS SMOTHERMAN	829 W ARBOR POINTE WAY	NAMPA	ID		83686
MEMBER	BARBARA SMOTHERMAN	829 W ARBOR POINTE WAY	NAMPA	ID		83686
5. Organized Under the Laws of:  <b>ID          W 55127</b>	6. Annual Report must be signed.* Signature: Farris Smotherman Name (type or print): Farris Smotherman		Date: 08/18/2015 Title: Manager			
Processed 08/18/2015		* Electronically provided signatures are accepted as original signatures.				