No. W 129759			Due no later than Oct 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ELUCICON DEAN KIN	NNE RINE LOOP	2160 S TWI BOISE ID	ROBERT C MONTGOMERY CHTD 2160 S TWIN RAPID BOISE ID 83709 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter	Names and Addr	resses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DEAN R.	KINNE	867 W. TRINE LOOP	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature	Signature: drkinne		Date: 11/30/2015			
W 129759		Name (ty	Name (type or print): drkinne		Title: Owner/Manager			
Processed 11/30/2015 * Electronically provided signatures are accepted as original signatures.								