No. W 119268 Return to:		e no later than Nov 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JAMISON R SPENCER DMD 8119 USTICK RD STE 103 BOISE ID 83704-5754 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SILENT SLEEP,	COLARSEN, CPA Y LANE	BOISE ID 8				
RECEIVED BY DUE DATE	USA	USA					
4. Limited Liability Companies: En	ter Names and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JAMIS	ON ROSS SPENCER	6604 FIREBREW LANE	RALEIGH	NC	USA	27614	
5. Organized Under the Laws of: 6. Annual		nnual Report must be signed.*					
ID Signature: E		ENDA M NICOLARSEN	Date: 12/01/2015				
W 119268	Name (type or	Name (type or print): BRENDA M NICOLARSEN Title: CPA					
Processed 12/01/2015	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					