No. <b>W 56779</b>		Due no later than Dec 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		SAMUEL B HICKS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MICHAEL PAUL, LLC JAMES L HARLOR 426 VALLEY VIEW AVE GENESEE ID 83832		1067 KIDDER RIDGE RD KAMIAH ID 83536-0831  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	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 SAMUEL B HICKS		HICKS	PO BOX 831		KAMIAH	ID	USA	83536
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James L Harlor			Date: 10/17/2013			
W 56779		Name (type or print): James L Harlor			Title: Accountant			
Processed 10/17/2013 * Electronically provided signatures are accepted as original signatures.								