No. <b>W 4069</b> Return to:	Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  FIELDEN POIRIER 518 POIRIER RD BLANCHARD 83804  3. New Registered Agent Signature:*		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  POIRIER FAMILY L.L.C.  FIELDEN POIRIER  PO BOX 400  BLANCHARD ID 83804	518 POIRIER BLANCHARD			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 FIELDEN I MANAGER LAVONNA		BLANCHARD BLANCHARD	ID ID		83804 83804
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Fielden Poirier	n Poirier Date: 04/10/2015			
W 4069	Name (type or print): Fielden Poirier		Title: manager		
Processed 04/10/2015	* Electronically provided signatures are accepted as original signatures.				