

No. <b>W 95207</b>		<b>Due no later than Jul 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b>  RAY'S PUMP SERVICE LLC BLAZE J SOLOMON PO BOX 401 INKOM ID 83245		BLAZE JORDON SOLOMON 293 WILLOW LN INKOM ID 83245			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BLAZE J. SOLOMON	Street or PO Address 293 WILLOW LANE PO BOX 401		City INKOM	State ID	Country USA	Postal Code 83245
5. Organized Under the Laws of:  <b>ID</b> <b>W 95207</b>		6. Annual Report must be signed.*  Signature: Blaze Solomon Name (type or print): Blaze Solomon  Date: 08/22/2016 Title: Owner					
Processed 08/22/2016      * Electronically provided signatures are accepted as original signatures.							