No. W 89529	D	Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		TERESSA DEANNA CARMAN				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. CARMAN BOOKEEPING SERVICES, LLC TERESSA D CARMAN PO BOX 277		73 ROOSEVELT RD BONNERS FERRY ID 83805				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TERESSA D							
	BONNERS FEI	RRY ID 83805	3. <u>New</u> Re	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Ente	r Names and Address	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER TERESS	A D CARMAN	PO BOX 277	BONNERS	S FERRY ID	USA	83805		
5. Organized Under the Laws of: 6. Annual Rep		t must be signed.*						
ID	Signature: T	Signature: TERESSA CARMAN			Date: 11/14/2015			
W 89529	Name (type o	Name (type or print): TERESSA CARMAN		Title: MANAGER				
Processed 11/14/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.						