

No. W 144786		Due no later than Nov 30, 2015		Annual Report Form				2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SANDPOINT MESSAGE CARE LLC 311 S DIVISION SANDPOINT ID 83864		STEVE ANDERSON 311 S DIVISION SANDPOINT ID 83864					
				3. <u>New</u> Registered Agent Signature:*					
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	STEVE E ANDERSON	311 S. DIVISION AVE	SANDPOINT	ID	USA	83864			
5. Organized Under the Laws of: ID W 144786		6. Annual Report must be signed.* Signature: Steve Anderson Name (type or print): Steve Anderson Date: 10/07/2015 Title: President							
Processed 10/07/2015		* Electronically provided signatures are accepted as original signatures.							