No. <b>W 119405</b>		Due no later than Nov 30, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ANDREAS ENTERPRISES, LLC LEE ANDREAS PO BOX 329 CAREY ID 83320		20481 N MA	LEE ANDREAS 20481 N MAIN CAREY ID 83320			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registe	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	LEE ALLEN	ANDREAS	20481 N MAIN	CAREY	ID	USA	83320	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lee Andreas			Date: 09/30/2014			
W 119405		Name (type or print): Lee Andreas			Title: Owner			
Processed 09/30/2014	* Electronically provided signatures are accepted as original signatures.							