No. W 77822		Due no later than Sep 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. TREMAINE VIRTUAL SERVICES, LLC SHANA C TREMAINE 16469 RAINBOW DR NAMPA ID 83687		RYAN S TREMAINE 16469 RAINBOW DR NAMPA ID 83687-8368 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TREMAINI SHANA C 16469 RA						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and Addr	esses of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
MANAGER SHANA TREMAINE		16469 RAINBOW DR	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: 6. Annual R		eport must be signed.*					
ID	Signature	Signature: Shana Tremaine Date: 10/26/2016					
W 77822	Name (ty	Name (type or print): Shana Tremaine Title: Manager					
Processed 10/26/2016	* Electronica	* Electronically provided signatures are accepted as original signatures.					