No. W 107184		Due no later than Oct 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOSEPH LANS			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. CARTRIDGE CONNECTION LLC CARTRIDGE TONER and Ink 720 N ORCHARD ST BOISE ID 83706		722 N ORCHARD ST BOISE ID 83706-8370			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CARTRIDGE T						
	BOISE ID 83			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF	USA						
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER EDWARD	MBER EDWARD SOLORZANO		BOISE	ID	USA	83706	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	ID Signature: Joseph Laus			Date: 08/24/2015			
W 107184	Name (type o	Name (type or print): Joseph Laus		Title: Partner			
Processed 08/24/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.					