

No. W 8494		Due no later than Apr 30, 2014 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		1. Mailing Address: Correct in this box if needed. MAPLE ST. SIT N SLEEP, L.L.C. CARL JOHN DURK 206 W MAPLE POCATELLO ID 83201		CARL JOHN DURK 206 W MAPLE POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CARL JOHN DURK	7567 VALLEY VISTA		POCATELLO	ID	USA	83201
MANAGER	TERESA ROSE DURK	7567 VALLEY VISTA		POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 8494		6. Annual Report must be signed.* Signature: Carl Durk Name (type or print): Carl Durk Date: 02/10/2014 Title: Owner					
Processed 02/10/2014 * Electronically provided signatures are accepted as original signatures.							