

No. <b>W 130815</b>		<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  POINT ZERO CAMPUS, LLC TAWNİ MAXWELL PO BOX 2322 NYSSA OR 97913 USA		TAWNİ MAXWELL 32627 ADA LANE PARMA 83660			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TAWNİ MAXWELL	Street or PO Address PO BOX 2322		City NYSSA	State OR	Country USA	Postal Code 97913
5. Organized Under the Laws of:  <b>ID</b> <b>W 130815</b>		6. Annual Report must be signed.*  Signature: Tawni Maxwell Name (type or print): Tawni Maxwell  Date: 12/10/2014 Title: Owner					
Processed 12/10/2014 * Electronically provided signatures are accepted as original signatures.							