No. W 103878 Return to:		Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CHARDEN ILC DENNIS CAPPS PO BOX 448 JEROME ID 83338			2. Registered Agent and Address (NO PO BOX) DENNIS CAPPS 350 WEST 500 SOUTH JEROME ID 83338 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				JERO				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of at leas	t one Member or Manager.					
Office Held	Name	Sti	reet or PO Address	City	State	Country	Postal Code	
MEMBER	DENNIS CAPPS		BOX 448	JEROM	IE ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dennis Capps			Date: 05/30/2014			
W 103878		Name (type or print): Dennis Capps			Title: Member			
Processed 05/30/2014 * Electronically provided signatures are accepted as original signatures.								