No. W 11107		Due no later than Feb 28, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		to consider an expensive some	BRADFORD T KNIPE 1661 W. SHORELINE DRIVE STE 200			
		KNIPE JANOUSH KNIPE, LLC BRADFORD T KNIPE 1661 W. SHORELINE DRIVE SUITE 200 BOISE ID 83702 USA		BOISE ID 83702 3. New Registered Agent Signature:*				
								4. Limited Liability Compa
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER			1661 W. SHORELINE DRIVE SUITE 1661 W. SHORELINE DRIVE SUITE		ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bradford	Da	Date: 12/13/2013				
W 11107		Name (type or print): Bradford T Knipe		Ti	Title: Manager/Member			
Processed 12/13/2013		* Floatronically provided	I signatures are accepted as original s	ianaturos				