

No. <b>W 58230</b>		<b>Due no later than Jan 31, 2017</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>  BRIXEY'S CONSTRUCTION SPECIALTIES LLC TRAVIS BRIXEY 28107 FOUNTAIN RD PARMA ID 83660		TRAVIS BRIXEY 28107 FOUNTAIN RD PARMA ID 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 TRAVIS BRIXEY	Street or PO Address 28107 FOUNTAIN RD		City PARMA	State ID	Country	Postal Code 83660
5. Organized Under the Laws of:  <b>ID</b> <b>W 58230</b>		6. Annual Report must be signed.*  Signature: Travis Brixey Name (type or print): Travis Brixey  Date: 02/18/2017 Title: Owner					
Processed 02/18/2017 * Electronically provided signatures are accepted as original signatures.							