No. W 33182		Due no later than Sep 30, 2016	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JERRY SMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TOUCH STONE MEMORIES & CO. LLC GAIL BEARD PO BOX 51995 IDAHO FALLS ID 83405	291 NORTH BROADWAY BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER GAIL BEARD		PO BOX 50336	IDAHO FALLS	ID		83405	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Gail Beard	Date: 11/09/2016				
W 33182		Name (type or print): Gail Beard	Title: Manager				
Processed 11/09/2016	rocessed 11/09/2016 * Electronically provided signatures are accepted as original signatures.						