No. W 57463 Return to:		Due no later than Dec 31, 2014 Annual Report Form	2. Registered Agent and Address (NO PO BOX) CINDY GOFF 2164 SEVANA LOOP BLACKFOOT 83221 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CINDY GOFF PLLC CINDY GOFF 2164 SEVANA LOOP BLACKFOOT ID 83221				
		USA				
4. Limited Liability Co	mpanies: Enter Nai	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER CINDY GOFF		3372 STONEGATE DR	IDAHO FALLS	ID		83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Cindy Goff	Date: 12/06/2014			
W 57463		Name (type or print): Cindy Goff	Title: Member			
Processed 12/06/2014 * Electronically provided signatures are accepted as original signatures.						