No. W 141653		Due no later than Sep 30, 2015		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TAMARA GAGE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUMMIT CUSTOM FINISHING AND PAINTING, LLC TAMARA GAGE PO BOX 232 SHOSHONE ID 83352			316 N DOROTNY ST SHOSHONE ID 83352 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	ity	State	Country	Postal Code
MEMBER	TAMARA S	GAGE	316 N DOROTHY ST	SI	HOSHONE	ID	USA	83352
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tamara Gage			Date: 09/27/2015			
W 141653		Name (type or print): Tamara Gage			Title: Member			
Processed 09/27/2015 * Electronically provided signatures are accepted as original signatures.								