No. W 70336		Due no later than Jan 31, 2014 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) ROBERT S SHELMAN			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		1. Mailing Address: Correct in this box if needed. SHELMAN FURNITURE LLC ROBERT S SHELMAN PO BOX 14			BER RD			
RECEIVED BY DUE DATE								
4. Limited Liability Compan	iies: Enter Nai	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	ROBERT S	SHELMAN	PO BOX 14		BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 70336		Signature: Robert Shelman			Date: 11/24/2013			
		Name (type or print): Robert Shelman			Title: Manager			
Processed 11/24/2013	Processed 11/24/2013 * Electronically provided signatures are accepted as original signatures.							