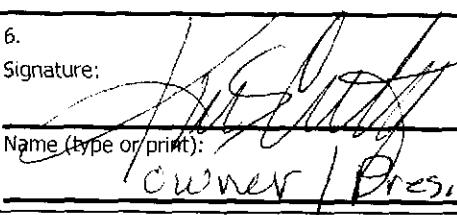


No. W 114978	Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS YORGASON 6200 N MEEKER PL BOISE ID 83713
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SAWTOOTH SOLUTIONS LLC KEVIN SCOTT COURNEY 65 S. SILVERWOOD WAY EAGLE ID 83646		3. New Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE	26 E River Dr Lowman ID 83637		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <i>Kevin S Courtney</i>	Street or PO Address <i>65 S silverwood way Eagle ID</i>	City State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>26 E R.ver Dr Lowman 83637</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>ID 83637</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 114978	6. Signature:  Name (type or print): <i>Kevin S Courtney</i> Title: <i>Owner / President</i>		
Date: <i>7-7-15</i> Title: <i>Owner / President</i>			
Issued 07/07/2015 by SLD			
106069			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM