




No. W 123828	Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GENEEN MASON 4094 S FEDERAL WAY #K101 BOISE ID 83716
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INTEGRITY WORKS GROUP, LLC PO BOX 170022 BOISE ID 83717		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Geneen Mason	4094 S. Federal Way	#K101	Boise	ID	83716
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Deanna Fisher	4094 S. Federal Way	#K101	Boise	ID	83716
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 123828 </div>	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature:  Name (type or print): Geneen Mason </td> <td style="width: 40%;"> Date: 4/7/14 Title: Manager </td> </tr> </table>	6. Signature:  Name (type or print): Geneen Mason	Date: 4/7/14 Title: Manager
6. Signature:  Name (type or print): Geneen Mason	Date: 4/7/14 Title: Manager		

Issued 03/19/2014 by SLD 117269

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.