No. <b>W 54745</b>		Due no later than Sep 30, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			R ERICK MIKESELL 453 MAHARD DR TWIN FALLS ID 83301-0275  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  R. ERICK MIKESELL CPA PROFESSIONAL COMPANY						
		R ERICK MIKESELL 453 MAHARD TWIN FALLS ID 83301-0275						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER R ERICK MI		KESELL	453 MAHARD		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 54745		Signature: R Erick Mikesell			Date: 07/18/2014			
		Name (type or print): R Erick Mikesell			Title: Member			
Processed 07/18/2014		* Electronically provided signatures are accepted as original signatures.						