No. **W 77409**	**Due no later than Sep 30, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** FOUR FEATHERS DISPOSAL LLC G AARON KEIFER 2405 SUNSET DR LEWISTON ID 83501	G AARON KEIFER 2405 SUNSET DR LEWISTON 83501 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	AMBERLYN D KEIFER	2405 SUNSET DR	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 77409**	Signature: Amberlyn Keifer	Date: 10/20/2014
	Name (type or print): Amberlyn Keifer	Title: bookkeeper

Processed 10/20/2014

* Electronically provided signatures are accepted as original signatures.