No. <b>W 90249</b>		Due no later than Feb 28, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOHN KIRSCHMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HIS STORY CHRISTIAN GIFT CENTER, LLC  JOHN D KIRSCHMAN  1702 21ST ST STE 113  LEWISTON ID 83501		LEWISTON	1702 21ST ST STE 113 LEWISTON 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	oanies: 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 JOHN D KIRSCHMAN		SCHMAN	2550 GRANDVIEW DR	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 90249		Signature: Jol		Date: 01/11/2015				
		Name (type o		Title: Member				
Processed 01/11/2015 * Electronically provided signatures are accepted as original signatures.								