

No. W 1018		Due no later than Mar 31, 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		1. Mailing Address: Correct in this box if needed. SOPER'S MOBILITY AIDS, L.L.C. STEVEN EUGENE SOPER 7392 N GOVERMENT WAY DALTON GARDENS ID 83815		STEVEN EUGENE SOPER 7392 N GOVERMENT WAY DALTON GARDENS ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	
MANAGER	STEVEN EUGENE SOPER	2255 W JUDY K DR	RATHDRUM	ID	USA	83858	
MANAGER	GENEVA JUNE SOPER	2291 W. JUDY K DR	RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of: ID W 1018		6. Annual Report must be signed.* Signature: Geneva J Soper Name (type or print): Geneva J Soper Date: 03/04/2014 Title: Manager/Owner					
Processed 03/04/2014 * Electronically provided signatures are accepted as original signatures.							