No. W 82842 Return to:		Due no later than Apr 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CIRCLE S, PLLC. SUMMER L WINGER PO BOX 950 VICTOR ID 83455 USA			2. Registered Agent and Address (NO PO BOX) SUMMER LEE WINGER DVM 8244 BROWN TROUT BEND VICTOR ID 83455 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				VICTOR ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SUMMER L	WINGER	8244 BROWN TROUT BEND	VICTOR	ID	USA	83455	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 82842		Signature: Summe		Date: 03/31/2014				
		Name (type or prir		Title: Member				
Processed 03/31/2014	* Electronically provided signatures are accepted as original signatures.							