

No. W 30079	Due no later than Apr 30, 2016 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. JOHN SIMMONS JD, LLM PROFESSIONAL COMPANY JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402		JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402			
			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	JOHN SIMMONS	796 MEMORIAL DR	IDAHO FALLS	ID		83402
5. Organized Under the Laws of: ID W 30079		6. Annual Report must be signed.* Signature: John Simmons Name (type or print): John Simmons		Date: 02/22/2016 Title: Manager		
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.				