

No. W 64206	Due no later than Jul 31, 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. MY ARCHITECT, LLC TIMOTHY P LYNCH 504 MAIN STREET 480 LEWISTON ID 83501		TIMOTHY P LYNCH 1829 BIRCH AVE LEWISTON ID 83501			
			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
MEMBER	TIMOTHY P LYNCH	1829 BIRCH AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 64206	6. Annual Report must be signed.* Signature: Timothy P Lynch Name (type or print): Timothy P Lynch		Date: 05/24/2016 Title: Owner/Architect			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.				