No. <b>W 11005</b>		Due no later than Feb 29, 2016	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	STEVE RILEY 3610 SYCAMORE DR BOISE ID 83703  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CUTTING EDGE RENOVATIONS, LIMITED LIABILITY COMPANY STEVE RILEY 3610 SYCAMORE DR BOISE ID 83703					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	ınies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER STEVE RILE		Y 3610 SYCAMORE DR	BOISE	ID		83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: steve riley	Date: 02/17/2016				
W 11005		Name (type or print): steve riley	Title: member				
Processed 02/17/2016		* Electronically provided signatures are accepted as original signatures.					