No. W 24040		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		VERN L EDGERLY			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. CLASSIC CONSULTING LLC VERN L EDGERLY 2120 SUNSET DR LEWISTON ID 83501		2120 SUNSET DR LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	VERN L ED						
	LEWISTON			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
	er Names and Addre	sses of at least one Member or Manager.					
Office Held Name	er Hames and Addres	Street or PO Address	City	State	Country	Postal Code	
MANAGER VERN	L EDGERLY	2120 SUNSET DR	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Report must be signed.		oort must be signed.*					
ID	ID Signature: Vern Edgerly		Date: 03/19/2016				
W 24040	Name (type	e or print): Vern Edgerly		Title: Manager			
Processed 03/19/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					