

No. W 63873	Due no later than Jun 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. ASKARI'S, LLC DAKHIL ASKARI 349 ELM ST N APT D TWIN FALLS ID 83301		DAKHIL ASKARI 349 ELM ST N APT D TWIN FALLS ID 83301			
			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	DAKHIL ASKARI	349 ELM ST N APT D	TWIN FALLS	ID		83301
MANAGER	RABIE ASKARI	5920 DALCASTLE DR NW	CALGARY		CANADA	T3A2B3
5. Organized Under the Laws of: ID W 63873	6. Annual Report must be signed.* Signature: DAKHIL ASKARI Name (type or print): DAKHIL ASKARI		Date: 04/27/2016 Title: MANAGER			
Processed 04/27/2016		* Electronically provided signatures are accepted as original signatures.				