

No. W 72645	Due no later than Mar 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. ASTROLABE, LLC KIMALI J KANE 13868 W DOMINION CT BOISE ID 83713-0705		KIMALI J KANE 13868 W DOMINION CT BOISE ID 83713			
			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	KIMALI KANE	13868 W DOMINION CT	BOISE	ID		83713
5. Organized Under the Laws of: ID W 72645		6. Annual Report must be signed.* Signature: Kimali J Kane Name (type or print): Kimali J Kane		Date: 03/28/2016 Title: Member		
Processed 03/28/2016		* Electronically provided signatures are accepted as original signatures.				