


No. W 110926	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) COLLEEN P ZEIMANTZ 35 BULL PINE IDAHO CITY ID 83631
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COLLEEN P ZEIMANTZ COURT REPORTING, L.L.C. COLLEEN P. ZEIMANTZ PO BOX 1028 IDAHO CITY ID 83631		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Colleen P. Zeimantz	PO Box 35	Idaho City ID USA 83631
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 110926</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Colleen P. Zeimantz</u> </div> <div style="width: 35%;"> Date: <u>2-27-16</u> Title: <u>Manager</u> </div> </div>	
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