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|--|---------------------|--|--------|--|---------|-------------|--|
| No. W 90367 | | Due no later than Feb 29, 2016 | | 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. PROFESSIONAL ACCOUNTING SERVICE LLC CHARLES A BLOODGOOD 523 RIVER ST SALMON ID 83467 | | DELORES M BLOODGOOD 523 RIVER ST SALMON ID 83467 | | | |
| | | | | 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 | CHARLES A BLOODGOOD | 523 RIVER STREET | SALMON | ID | USA | 83467 | |
| 5. Organized Under the Laws of: ID W 90367 | | 6. Annual Report must be signed.* Signature: C.A.Bloodgood Name (type or print): C.A.Bloodgood Date: 12/22/2015 Title: Manager | | | | | |
| Processed 12/22/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |