No. <b>W 126504</b>	D	Due no later than Jun 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SPECIALTY E JOHN F LAP 1116 VISTA	Annual Report Form  1. Mailing Address: Correct in this box if needed.  SPECIALTY ELECTRICAL GROUP LLC JOHN F LAPOINTE 1116 VISTA AVE SUITE 365 BOISE ID 83705		JOHN F LAPOINTE 1116 VISTA AVE SUITE 365 BOISE ID 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Office Held Name	Names and Address	es of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code	
	APOINTE	1116 VISTA AVE SUITE 365	BOISE	ID	USA	83705	
		rt must be signed.*  ohn F LaPointe Date: 05/12/2015					
W 126504	Name (type o	or print): John F LaPointe		Title: Member			
Processed 05/12/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.					