No. W 129704	Due no later than Sep 30, 2015		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ROBE	ROBERTA CAMPBELL 688 EAGLE DRIVE SPIRIT LAKE ID 83869			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed. CANINE BED & BREAKFAST LLC ROBERTA CAMPBELL 688 EAGLE DRIVE						
PO BOX 83720 BOISE, ID 83720-0080							
	SPIRIT LAKE ID 83869		3. <u>New</u> R	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 ROBERTA CAMPBELL		27736 HAYLOFT	ATHOL	ID	USA	83801	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Roberta Campbell			Date: 07/24/2015			
W 129704	Name (type or print): Roberta Campbell			Title: Owner			
Processed 07/24/2015	* Electronically provided signatures are accepted as original signatures.						