

No. W 113321	Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ADAM GRAD 1161 W RIVER ST #240 BOISE ID 83702 <i>604 W. FRANKLIN ST BOISE, ID 83702</i>
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. ACI LLC ADAM GRAD 1161 W RIVER ST #240 BOISE ID 83702 <i>604 W. FRANKLIN ST BOISE, ID 83702</i>		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>ADAM GRAD 604 W. FRANKLIN ST</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>BOISE ID 83702</i>					
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;"> IDAHO W 113321 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>[Signature]</i> </td> <td style="width: 40%;"> Date: <i>3/8/14</i> </td> </tr> <tr> <td> Name (type or print): <i>CHRISTINE R. GRAD</i> </td> <td> Title: <i>OFFICE MGR</i> </td> </tr> </table>	Signature: <i>[Signature]</i>	Date: <i>3/8/14</i>	Name (type or print): <i>CHRISTINE R. GRAD</i>	Title: <i>OFFICE MGR</i>
Signature: <i>[Signature]</i>	Date: <i>3/8/14</i>				
Name (type or print): <i>CHRISTINE R. GRAD</i>	Title: <i>OFFICE MGR</i>				

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