No. <b>W 76696</b> Return to:		Due no later than Aug 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  STUTZKE CPA, LLC BRENT L STUTZKE PO BOX 1799 POST FALLS ID 83877		2. Registered Agent and Address (NO PO BOX)  BRENT L STUTZKE  1836 S ESPINAZO DRIVE COEUR D ALENE ID 83814  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STUTZKE CPA BRENT L STU PO BOX 1799						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER BRENT L	EE STUTZKE	PO BOX 1799	POST FALLS	ID	USA	83877	
5. Organized Under the Laws of:	Organized Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Bre	Signature: Brent L Stutzke		Date: 06/21/2016			
W 76696	Name (type o	Name (type or print): Brent L Stutzke		Title: Member			
Processed 06/21/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.					