No. W 139531		Due no later than Jun 30, 2016		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. THREE PEAKS LOSS CONTROL SERVICES LLC 4103 W PASADENA DR BOISE ID 83705-4659		4402 04645	ROLLAND WITHROW 4103 PASADENA DR BOISE ID 83705			
				BOISE ID				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROLLAND W	/ITHROW	4103 W PASADENA DR	BOISE	ID	USA	83705-4659	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: R		Date: 04/23/2016				
W 139531		Name (type o	or print): Rolland Withrow		Title: Manager			
Processed 04/23/2016 * Electronically provided signatures are accepted as original signatures.								