

No. <b>W 134726</b>	<b>Due no later than Feb 29, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		DAMON MALBERG 495 S 450 E BURLEY ID 83318			
	CERTIFIED REFRIDGERATION AND APPLIANCE REPAIR LLC DAMON MALBERG 495 S 450 E BURLEY ID 83318		3. <u>New</u> Registered Agent Signature: *			
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
MANAGER	MANDY K MALBERG	495 S 450 E	BURLEY	ID	USA	83318
5. Organized Under the Laws of:  <b>ID</b> <b>W 134726</b>		6. Annual Report must be signed.* Signature: Mandy Malberg Name (type or print): Mandy Malberg		Date: 01/11/2016 Title: Manager		
Processed 01/11/2016		* Electronically provided signatures are accepted as original signatures.				