

No. <b>W 32645</b>		<b>Due no later than Aug 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b>  JOHN C. ANDERSON, L.L.C. TISHA CHRISTENSEN PO BOX 469 TWIN FALLS ID 83303-0469		JOHN C ANDERSON 1801 HIGHLAND AVE E TWIN FALLS ID 83301		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name JOHN C ANDERSON	Street or PO Address PO BOX 469	City TWIN FALLS	State ID	Country	Postal Code 83303-0469
5. Organized Under the Laws of:  <b>ID</b> <b>W 32645</b>		6. Annual Report must be signed.*  Signature: Tisha Christensen Name (type or print): Tisha Christensen  Date: 06/23/2015 Title: Manager				
Processed 06/23/2015 * Electronically provided signatures are accepted as original signatures.						