No. W 84468		Due no later than Jun 30, 2016	2. Registered Agent and Address (NO PO BOX) LYNN HOSSNER 109 N 2ND WEST ST ANTHONY ID 83445 3. New Registered Agent Signature:*			
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. LYNN HOSSNER, ATTORNEY PLLC LYNN HOSSNER 109 N 2ND WEST ST ANTHONY ID 83445				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER LYNN HOSSI		NER 109 NORTH 2ND WEST	ST. ANTHONY	ID	USA	83445
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Lynn Hossner	Date: 06/12/2016			
W 84468		Name (type or print): Lynn Hossner	Title: Owner			
Processed 06/12/2016 * Electronically provided signatures are accepted as original signatures.						