No. <b>W 62155</b> Return to:		Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  NED ZOLLINGER 1539 W 5000 N REXBURG ID 83440  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed DOCUSERVE, LLC BRYAN D SMITH 414 SHOUP AVE IDAHO FALLS ID 83402-3603	ed.				
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	BRYAN D SI	MITH 414 SHOUP AVE		IDAHO FALLS	ID		83402-3603
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Bryan D. Smith	Date: 02/23/2016				
W 62155		Name (type or print): Bryan D. Smith	Title: Manager				
Processed 02/23/2016 * Electronically provided signatures are accepted as original signatures.							