No. <b>W 143292</b>		Due no later than Oct 31, 2016  Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  VITCOM LLC ZALMEN ASHKENAZI 1425 37TH STREET SUITE 214 BROOKLYN NY 11218		1524 S VISTA BOISE ID 8	INCORP SERVICES, INC.  1524 S VISTA AVE STE 12 BOISE ID 83705-1121  3. New 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 ZALMEN ASHKENAZI		HKENAZI	1425 37TH ST SUITE 209	BROOKLYN	NY	USA	11218	
5. Organized Under the Laws of:  NY W 143292		6. Annual Report Signature: zalr		Date: 09/02/2016 Title: CEO				
W W W		Name (type or print): zalmen ashkenazi  * Electronically provided signatures are accepted as original signatures.						