No. W 125548			Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing A	Annual Report Form 1. Mailing Address: Correct in this box if needed. SQUIRES CONSULTING PLLC		LAMONT SQUIRES 731 LINDSEY LN KIMBERLY ID 83341 3. New Registered Agent Signature:*				
		LAMONT SQUIRES 731 LINDSEY LN KIMBERLY ID 83341		3. <u>New</u> Regist					
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter I	Names and Address	es of at least one Member or Manager.						
Office Held	Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER	LAMONT	SQUIRES	731 LINDSEY LN	KIMBERLY	ID	USA	83341		
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: La	Signature: Lamont Squires		Date: 04/09/2016				
W 125548		Name (type o	Name (type or print): Lamont Squires			Title: Owner			
Processed 04/09/2016 * Electronically provided signatures are accepted as original signatures.									