

No. <b>W 63400</b>	<b>Due no later than Jun 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CENTER POINT LLC JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303		MARK WRIGHT 401 GOODING ST N STE 201 TWIN FALLS ID 83301			
			3. <u>New</u> 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
MEMBER	MARK WRIGHT	401 GOODING ST N STE 201	TWIN FALLS	ID		83301
5. Organized Under the Laws of:  <b>ID W 63400</b>		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 06/29/2016 Title: Agent				
Processed 06/29/2016		* Electronically provided signatures are accepted as original signatures.				