

No. <b>W 94347</b>		<b>Due no later than Jun 30, 2015</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>1. Mailing Address: Correct in this box if needed.</b>  NORTHPOINT CPA, PLLC MICHAEL S ANDRUS 901 PIER VIEW DRIVE STE. 206 IDAHO FALLS ID 83402 USA		MICHAEL S ANDRUS 901 PIER VIEW DRIVE STE. 206 IDAHO FALLS 83402			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MICHAEL S ANDRUS	Street or PO Address 901 PIER VIEW DRIVE STE. 206		City IDAHO FALLS	State ID	Country USA	Postal Code 83402
5. Organized Under the Laws of:  <b>ID</b> <b>W 94347</b>		6. Annual Report must be signed.*  Signature: Michael S Andrus Name (type or print): Michael S Andrus  Date: 04/20/2015 Title: President					
Processed 04/20/2015      * Electronically provided signatures are accepted as original signatures.							