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|---|-----------------------|---|--|--|-------------|---------|----------------------|
| No. W 38592 | | Due no later than Apr 30, 2015 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 | | 1. Mailing Address: Correct in this box if needed. MAGUIRE ENTERPRISE, LLC JULIE D MAGUIRE 31782 CARAVELLE RD ATHOL ID 83801 | | JULIE MAGUIRE 31782 CARAVELLE RD ATHOL 83801 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name JULIE MAGUIRE | Street or PO Address 31782 CARAVELLE RD | | City ATHOL | State ID | Country | Postal Code 83801 |
| 5. Organized Under the Laws of: ID W 38592 | | 6. Annual Report must be signed.* Signature: Julie Maguire Name (type or print): Julie Maguire Date: 02/16/2015 Title: Manager | | | | | |
| Processed 02/16/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |