No. W 140337		Annual Report Form 1. Mailing Address: Correct in this box if needed. G4 SERVICES, LLC CRUZ ALBERTO GONZALEZ 1215 N MACAILE WAY		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				4045 NIMAG	CRUZ ALBERTO GONZALEZ			
				EAGLE ID	1215 N MACAILE WAY EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co	ompanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CRUZ A GO	NZALEZ	1215 N MACAILE WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 140337		Signature: Alb		Date: 05/19/2015				
		Name (type o		Title: Owner				
Processed 05/19/201	15	* Electronically provided signatures are accepted as original signatures.						