No. **W 104727**	**Due no later than Jul 31, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CABINETS NORTHWEST, LLC CHARLES SCHROCK 2156 HOMESTEAD LP BONNERS FERRY ID 83805	CHARLES SCHROCK 2156 HOMESTEAD LP BONNERS FERRY ID 83805 3. New 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	CHARLES SCHROCK	2156 HOMESTEAD LOOP	BONNERS FERRY	ID	USA	83805

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 104727**	Signature: CHARLES SCHROCK Name (type or print): CHARLES SCHROCK	Date: 05/22/2015 Title: MEMBER

Processed 05/22/2015

* Electronically provided signatures are accepted as original signatures.