No. W 120678 Return to:		Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX) PENELOPE PARKER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FIRST SOLUTIONS LLC PENELOPE PARKER 320 MAIN AVE N TWIN FALLS ID 83301			320 MAIN AVE N TWIN FALLS 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	ipanies: Enter Nai	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JOHN COLEMAN		1AN	320 MAIN AVE NORTH		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: P. Parker			Date: 11/17/2014			
W 120678		Name (type or print): P. Parker			Title: attorney			
Processed 11/17/2014 * Electronically provided signatures are accepted as original signatures.								