No. **W 106244**	**Due no later than Aug 31, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SHARON PISONE FAMILY, LLC 5490 N CITADEL WY BOISE ID 83703	ED GUERRICABEITIA 199 N CAPITOL BLVD STE 600 BOISE ID 83701 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	KIRK E MOORE	5490 N. CITADEL WAY	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 106244**	Signature: Kirk Moore Name (type or print): Kirk Moore	Date: 06/10/2014 Title: Managing Member

Processed 06/10/2014

* Electronically provided signatures are accepted as original signatures.