

No. <b>W 151787</b>	Due no later than May 31, 2016 Annual Report Form	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALEXANDRA N HARBAUGH-BURROWS 6190 W HARBOR DR COEUR D ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed. SOLAR FLAIR, LLC 6190 W HARBOR DR COEUR D ALENE ID 83814

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Alexandra	6190 W Harbor	COEUR D ALENE	ID		83814
Manager <input type="checkbox"/> Member <input type="checkbox"/>	H-Burrows					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 151787</b>	6. Signature:  Name (type or print): <u>Alexandra H-Burrows</u>	Date: <u>8/4/14</u> Title: <u>owner</u>
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**