No. <b>W 116419</b>		Due no later than Aug 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.		J BRITT MCFARLAND 43 MC FARLAND DR			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		R POST AND POLE, LLC MCFARLAND	CARMEN ID	CARMEN ID 83462  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BRANDO	N J MCFARLAND	43 MCFARLAND DRIVE	CARMEN	ID	USA	83462	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		must be signed.*					
ID	Signature: Bra	Signature: Brandon McFarland		Date: 08/24/2015			
W 116419 Name (type or print)		print): Brandon McFarland		Title: Manager			
Processed 08/24/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.					