No. W 67113		Due no later than Sep 30, 2013		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHIRLEY HICKS 490 E TRAILSIDE DR EAGLE ID 83616			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		d.				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		6830 W. BUTTE, LLC SHIRLEY M HICKS 490 E TRAILSIDE DR			EAGLE ID 03010			
		EAGLE ID 83616 USA		3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JACK L & SHIRLEY M HICKS LIVING TRUST JACK L HICKS		490 E TRAILSIDE		EAGLE	ID	USA	83616
MEMBER			490 E TRAILSIDE DR		EAGLE	ID	USA	83616
5. Organized Under the Laws of: 6. Ann		6. Annual Report must be signed.*						
ID W 67113		Signature: Shirley M Hicks			Date: 07/13/2013			
		Name (type or print): Shirley M Hicks			Title: Member			
Processed 07/13/2013		* Electronically provided	signatures are accepted as origin	nal signat	tures.			