No. **W 2790**	**Due no later than Aug 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** VAN ENGELEN CPAS & CO., P.L.L.C. DAVID C VAN ENGELEN P. O. BOX 5377 1411 FALLS AVE E. STE. 1201 TWIN FALLS ID 83303-5377 USA	DAVID C VAN ENGELEN 1411 FALLS AVE E. STE. 1201 TWIN FALLS ID 83303-5377 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	DAVID C VAN ENGELEN	1411 FALLS AVE E. STE. 1201	TWIN FALLS	ID		83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2790**	Signature: David C. Van Engelen	Date: 07/17/2015
	Name (type or print): David C. Van Engelen	Title: 7/17/15

Processed 07/17/2015

* Electronically provided signatures are accepted as original signatures.