No. W 131104		Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if need 2ND DUE, LLC JUSTIN CAPAUL 5079 N PINEGROVE DR COEUR D ALENE ID 83715	5079 N PINEC COEUR D ALE	JUSTIN CAPAUL 5079 N PINEGROVE DR COEUR D ALENE ID 83715 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JUSTIN CAP		AUL 5079 N PINEGROVE DR	COEUR D ALEN	E ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Justin Capaul		Date: 12/14/2015			
W 131104		Name (type or print): Justin Capaul		Title: Manager			
Processed 12/14/2015 * Electronically provided signatures are accepted as original signatures.							