No. W 70777		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ATFAB, LL CHARLES 719 2ND A	Annual Report Form 1. Mailing Address: Correct in this box if needed. ATFAB, LLC CHARLES TAYLOR 719 2ND AVE EAST TWIN FALLS ID 83301		CHARLES TAYLOR 719 2ND AVE EAST TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: En	ter Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHAR	ES TAYLOR	719 2ND AVE EAST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 70777	Signature	6. Annual Report must be signed.* Signature: Charles Taylor Name (type or print): Charles Taylor Title: Manager					
Processed 12/23/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					