No. W 139753		Due no later than Jul 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. MACTIQUES LLC B CORRY MCFARLAND 5501 PACIFIC HWY E STE 2 FIFE WA 98424		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				24000	GREG D MCFARLAND 26808 HWY 2 SANDPOINT ID 83864-9842 3. New Registered Agent Signature:*			
				SANDPOINT				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	B CORRY M	ICFARLAND	5501 PACIFIC HWY E	FIFE	WA	USA	98424	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: B C		Date: 05/20/2015				
W 139753		Name (type or		Title: Member				
Processed 05/20/2015	al signatures.							