

No. <b>W 3689</b>		<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COLEMAN SERVICES, L.L.C. ROBERT S COLEMAN JR 335 MILL RD LEWISTON ID 83501		ROBERT COLEMAN JR 335 MILL RD LEWISTON 83501			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	
MANAGER	ROBERT S. COLEMAN	335 MILL RD	LEWISTON	ID	83501		
MANAGER	JENNIFER K. COLEMAN	335 MILL RD	LEWISTON	ID	83501		
5. Organized Under the Laws of:  <b>ID</b> <b>W 3689</b>		6. Annual Report must be signed.*  Signature: Kathie Otte Name (type or print): Kathie Otte  Date: 02/25/2015 Title: Executive Asst.					
Processed 02/25/2015 * Electronically provided signatures are accepted as original signatures.							