| No. W 62921 | | Due no later than May 31, 2014 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|--|-------|---|---------|-------------|--|
| Return to: | | | | TAMI M TROUT | | | |
| SECRETARY OF STATE | 1. Mailing | 1. Mailing Address: Correct in this box if needed. TROUT BUSINESS SOLUTIONS, LLC TAMI M TROUT 4249 W QUAIL RIDGE DR BOISE ID 83703 | | 4249 W QUAIL RIDGE DR BOISE ID 83703 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | TAMI M T | | | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Ente | r Names and Addres | sses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER TAMI N | TROUT | 4249 W QUAIL RIDGE DR | BOISE | ID | USA | 83703 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: | Signature: Tami M Trout | | Date: 03/23/2014 | | | |
| W 62921 | Name (type | Name (type or print): Tami M Trout | | Title: Manager | | | |
| Processed 03/23/2014 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |