| No. W 93121 | | Due no later than May 31, 2015 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|--------------------------------------|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | CONNIE CUTBERTH | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CONNIE CUTBERTH CONSULTING, LLC CONNIE L CUTBERTH 506 SHORE PINES POST FALLS ID 83854 | | POST FALLS | 506 SHORE PINES POST FALLS 83854 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 200 | anies: Enter Nai | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER CONNIE L CUTB | | CUTBERTH | 506 SHORE PINES | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Cor | | Date: 04/06/2015 | | | | |
| W 93121 | | Name (type or | | Title: Manager | | | | |
| Processed 04/06/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |