No. W 55480 Return to:		Due no later than Oct 31, 2014 Annual Report Form		Registered Agent and Address (NO PO BOX) LYNDA MACEACHERN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FACILITATE 2 YES, L.C. LYNN MACEACHERN PO BOX 1264 OROFINO ID 83544		ded.	326 KALASPO AVE OROFINO 83544 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager	' .				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	EMBER LYNN MACEACHERN		PO BOX 1264		OROFINO	ID		83544
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lynda MacEachern			Date: 10/26/2014			
W 55480		Name (type or print): Lynda MacEachern			Title: agent			
Processed 10/26/2014	Processed 10/26/2014 * Electronically provided signatures are accepted as original signatures.							