No. <b>W 58779</b>	Due no later than Feb 28, 2		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALMO CREEK ENTERPRISES LLC WYNN DEWSNUP BOX 168 ALMO ID 83312		WYNN DEWSNUP BOX 168 ALMO 83312			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Street or PO Addre	ss City	State	Country	Postal Code	
MANAGER WYNN DEW		ALMO	ID		83312	
MANAGER JEANNINE [	DEWSNUP BOX 168	ALMO	ID		83312	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: WYNN DEWSNUP Date: 03/24/2015					
W 58779	Name (type or print): WYNN DEWSNUP		Title: MANAGER			
Processed 03/24/2015	* Electronically provided signatures are accepted as original signatures.					