No. <b>W 114136</b> Return to:		Due no later than May 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SANDOR SERVICES, LLC DAN SANDOR 708 S CHESTNUT ST NAMPA ID 83686			2. Registered Agent and Address (NO PO BOX)  DAN SANDOR  708 S CHESTNUT ST  NAMPA ID 83686  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				NAMPA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DORJAN SANDOR		708 S CHESTNUT ST	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ds		Date:	Date: 07/18/2014			
W 114136		Name (type or print): Ds		Title: Owner				
Processed 07/18/2014 * Electronically provided signatures are accepted as original signatures.								