

No. <b>W 106567</b>		<b>Due no later than Sep 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SHARING LIFE LLC BRETT THOMAS 166 RIVER VISTA PL TWIN FALLS ID 83301 USA		BRETT THOMAS 1777 W. WILDFLOWER LANE TWIN FALLS ID 83336			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BRETT D. THOMAS	Street or PO Address 1777 W. WILDFLOWER LANE		City TWIN FALLS	State ID	Country USA	Postal Code 83336
5. Organized Under the Laws of:  <b>ID</b> <b>W 106567</b>		6. Annual Report must be signed.*  Signature: Brett Thomas Name (type or print): Brett Thomas  Date: 07/15/2014 Title: Member					
Processed 07/15/2014      * Electronically provided signatures are accepted as original signatures.							