

No. <b>W 69975</b>		<b>Due no later than Dec 31, 2013</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>  CHERYLE JONES ANDREWS, M. ED. PLLC CHERYLE JONES ANDREWS 1517 W JEFFERSON ST BOISE ID 83702-5218		CHERYLE JONES ANDREWS 1517 W JEFFERSON ST BOISE ID 83702-5218			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHERYLE JONES ANDREWS	1517 W JEFFERSON ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>W 69975</b>		6. Annual Report must be signed.*  Signature: Cheryle Jones Andrews Name (type or print): Cheryle Jones Andrews					
		Date: 11/13/2013 Title: Manager					
Processed 11/13/2013      * Electronically provided signatures are accepted as original signatures.							