

No. W 85356	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALLISON CONSULTING AND TESTING, LLC NICK ALLISON 405 W 4TH SOUTH REXBURG ID 83440		NICK ALLISON 405 W 4TH SOUTH REXBURG ID 83440			
			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
MANAGER	NICK ALLISON	405 W 4TH SOUTH	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 85356	6. Annual Report must be signed.* Signature: Nick Allison Name (type or print): Nick Allison		Date: 08/14/2015 Title: Manager			
Processed 08/14/2015		* Electronically provided signatures are accepted as original signatures.				