No. <b>W 119531</b> Return to:	De	Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  PATRICIA M GHRAMM  388 HWY 55  HORSESHOE BEND ID 83629  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WHITE HORS PATRICIA M 388 HWY 55	WHITE HORSE GROCERY & MERCANTILE, LLC PATRICIA M GHRAMM 388 HWY 55					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER PATRICIA	A M GHRAMM	P.O. BOX 6	HORSESHOE BEND	ID	USA	83629	
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*					
ID	Signature: Pa	Signature: Patricia M Ghramm		Date: 11/06/2015			
W 119531	Name (type o	Name (type or print): Patricia M Ghramm		Title: Owner, Manager			
Processed 11/06/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.					