No. W 109532		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		CLAYTON BROWN 20616 ANTRIM DR			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		CLAYTON L BR CLAYTON L B PO BOX 431 GREENLEAF II	GREENLEAF ID 83626 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Nar	nes and Addresse	s of at least one Member or Manager.				
Office Held Name			Street or PO Address	City	State	Country	Postal Code
MANAGER CLAYT	ON L.	BROWN	20616 ANTRIM DRIVE P.O. BOX 431	GREENLEAF	ID	USA	83626
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Cla	Date: 10/21/2015				
W 109532		Name (type or	Title: Manager				
Processed 10/21/2015	* Electronically provided signatures are accepted as original signatures.						