No. <b>W 124526</b>		Due no later than Apr 30, 2014		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  EDGE-ABILITY, LLC JOSEPH M JAMESEN PO BOX 52141 IDAHO FALLS ID 83405			JOSEPH JAMESEN 720 N 55TH W IDAHO FALLS ID 83405  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200	nies: Enter Nai	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	BRITTNEY K JAMESEN JOSEPH M JAMESEN		PO BOX 52141 PO BOX 52141		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83405 83405
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 124526		Signature: Joseph Jamesen			Date: 02/26/2014			
		Name (type or print): Joseph Jamesen			Title: Managing Member			
Processed 02/26/2014		* Electronically p	provided signatures are accepted as origin	al signati	ures.			