No. <b>W 59105</b>		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AIRSAUCE, ABBIE MAS 148 BLUE L	Annual Report Form  1. Mailing Address: Correct in this box if needed.  AIRSAUCE, LLC  ABBIE MASHAAL  148 BLUE LAKES BLVD NORTH #400  TWIN FALLS ID 83301		ABBIE MASHAAL 250 AIRPORT LOOP TWIN FALLS 83301-8330  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4 Limited Liability Companies: Ente	Names and Addre	esses of at least one Member or Manager.					
Office Held Name	Harries and Addre	Street or PO Address	City	State	Country	Postal Code	
MANAGER ABBIE MASHAAL		148 BLUE LAKES #400	TWIN FALLS	ID		83301	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID Signature: /aam/			Date: 12/15/2014				
W 59105	Name (typ	Name (type or print): /aam/		Title: Manager			
Processed 12/15/2014	* Electronically provided signatures are accepted as original signatures.						