No. <b>W 46796</b> Return to:		Due no later than Jan 31, 2014 Annual Report Form			2. Registered Agent and Address (NO PO BOX) ENTITY SERVICES INC			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ERAP, LLC PATTY A EDMONDS PO BOX 106 MIDDLETON ID 83644		BOISE ID 8.	1101 W RIVER ST STE 340 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ER EDMONDS FRAMING INC		PO BOX 106	MIDDLETON	ID	USA	83644	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 46796		Signature: Patty Edmonds			Date: 12/31/2013			
		Name (type or		Title: Member				
Processed 12/31/2013 * Electronically provided signatures are accepted as original signatures.								