

No. W 87446		Due no later than Oct 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		THOMAS J CLARK 526 29TH ST LEWISTON ID 83501			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		THOMAS CLARK PLLC THOMAS J CLARK PO BOX 1901 LEWISTON ID 83501					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS J CLARK	526 29TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 87446		Signature: Thomas J. Clark			Date: 08/31/2015		
		Name (type or print): Thomas J. Clark			Title: Managing Member		
Processed 08/31/2015		* Electronically provided signatures are accepted as original signatures.					