No. W 93627		Due no later than May 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		The state of the s	JACOB PROW			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BLU HELR LLC JACOB M PROW 7251 AQUILA RD LEWISTON ID 83501 USA		LEWISTON	7251 AQUILA RD LEWISTON ID 83501 3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	VAUGHAN P PROW JACOB PROW		2614 ECHO HILLS DR 7251 AQUILA RD	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID W 93627		Signature: Jacob Prow			Date: 05/24/2015			
		Name (type or print): Jacob Prow			Title: Manager			
Processed 05/24/2015		* Electronically	provided signatures are accepted as origina	al signatures.				