

No. W 63400	Due no later than Jun 30, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. CENTER POINT LLC JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303 USA		MARK WRIGHT 401 GOODING ST N STE 201 TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
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	MARK WRIGHT	401 GOODING ST N STE 201	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 63400		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 04/22/2015 Title: Agent				
Processed 04/22/2015		* Electronically provided signatures are accepted as original signatures.				