No. W 49823		Due no later than Apr 30, 2014		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			AMIT SHARMA MD 1633 S WATER LEAF AVE EAGLE ID 83616			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
				3. <u>New</u> Reg	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	
MANAGER AMIT SHARN		MA MD	1633 S WATER LEAF	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
ID W 49823		Signature: Amit Sharma		Da	Date: 02/13/2014			
		Name (type or print): Amit Sharma		Ti	Title: Managing partner			
Processed 02/13/2014 * Electronically provided signatures are accepted as original signatures.								