No. W 5967 Return to:		Due no later than Apr 30, 2014 Annual Report Form			Registered Agent and Address (NO PO BOX) T J ANGSTMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANGSTMAN, JOHNSON & ASSOCIATES, PLLC THOMAS J ANGSTMAN 3649 LAKEHARBOR BOISE ID 83703		BOISE II	3649 LAKEHARBOR LANE BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	nes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	T J ANGSTMAN WYATT B JOHNSON		3649 LAKE HARBOR LN 3649 LAKEHARBOR	BOISE BOISE	ID ID	USA USA	83703 83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tl	homas J. Angstman		Date: 02/10/2014			
W 5967		Name (type o	or print): Thomas J. Angstman	Title: Managing Member				
* Electronically provided signatures are accepted as original signatures.								