No. W 1018		Due no later than Mar 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOPER'S MOBILITY AIDS, L.L.C. STEVEN EUGENE SOPER 7392 N GOVERMENT WAY			STEVEN EUGENE SOPER 7392 N GOVERMENT WAY DALTON GARDENS ID 83815			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				DALTONG				
		DALTON GARDENS ID 83815		3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	STEVEN EUGENE SOPER GENEVA JUNE SOPER		2291 W. JUDY K DR 2291 W. JUDY K DR	RATHDRUM RATHDRUM	ID ID	USA	83858 83858	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Geneva J. Soper		Dat	Date: 03/09/2016			
W 1018		Name (type or p	Titl	Title: OWNER/MANAGER				
Processed 03/09/2016		* Electronically provided signatures are accepted as original signatures.						