

No. <b>W 105045</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DEPENDABLE FACILITY SERVICES, L.L.C. CAROLE GATTEN 2124 UNIVERSITY AVE W SAINT PAUL MN 55114-1352		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	
MANAGER	CHRISTOPHER W. REID	2124 UNIVERSITY AVE W	SAINT PAUL	MN	USA	55114	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 105045</b>		Signature: CHRISTOPHER W REID				Date: 06/24/2015	
		Name (type or print): CHRISTOPHER W REID				Title: MANAGER	
Processed 06/24/2015		* Electronically provided signatures are accepted as original signatures.					