

No. W 106561	Due no later than Sep 30, 2014 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. COONCE LLC MIKE COONCE 2797 4TH AVE E TWIN FALLS ID 83301		MIKE COONCE 2797 4TH AVE E 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	MIKE A COONCE	2797 4TH AVE E	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 106561	6. Annual Report must be signed.* Signature: Mike Coonce Name (type or print): Mike Coonce		Date: 08/28/2014 Title: Owner			
Processed 08/28/2014		* Electronically provided signatures are accepted as original signatures.				