

No. W 82484		Due no later than Mar 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. VAL-YOU CARD, LLC CHRIS WATTS 1191 CABIN COVE IDAHO FALLS ID 83404 USA		CHRISTOPHER E WATTS 1191 CABIN COVE IDAHO FALLS 83404			
				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	SPARKLE S WATTS	1191 CABIN COVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 82484		6. Annual Report must be signed.* Signature: Chris Watts Name (type or print): Chris Watts					
		Date: 01/24/2015 Title: Manager					
Processed 01/24/2015		* Electronically provided signatures are accepted as original signatures.					