

No. <b>W 89543</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  DAVE ALVES, LLC DAVES ALVES 1226 QUAIL ST TWIN FALLS ID 83301		DAVE ALVES 1226 QUAIL ST TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DAVE ALVES	1226 QUAIL ST	TWIN FALLS	ID	USA	83301	
MEMBER	MARIANNA ALVES	1226 QUAIL ST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>W 89543</b>		6. Annual Report must be signed.*  Signature: Marianna Alves Name (type or print): Marianna Alves					
		Date: 12/28/2015 Title: Member					
Processed 12/28/2015		* Electronically provided signatures are accepted as original signatures.					