No. W 41317		Due no later than Jul 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FUSION 4 LLC JULIE SEVERN 234 RANDY DR REXBURG ID 83440			JULIE SEVERN 234 RANDY DR REXBURG ID 83440 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MICHAEL SEVERN		234 RANDY DR		REXBURG	ID		83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Julie Severn			Date: 07/17/2015			
W 41317		Name (type or print): Julie Severn			Title: Owner			
Processed 07/17/2015 * Electronically provided signatures are accepted as original signatures.								