

No. <b>W 120059</b>		<b>Due no later than Dec 31, 2015</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>  EMERALD 307, LLC JIM HOFFMAN 3924 PALMER DR COEUR D'ALENE ID 83815		JAMES E HOFFMAN 3924 PALMER DR COEUR D'ALENE ID 83815			
<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 MANAGER	Name JIM HOFFMAN	Street or PO Address 3924 PALMER ST		City COUERD'ALENE	State ID	Country USA	Postal Code 83815
5. Organized Under the Laws of:  <b>ID</b> <b>W 120059</b>		6. Annual Report must be signed.*  Signature: Jim Hoffman Name (type or print): Jim Hoffman  Date: 10/17/2015 Title: Manager					
Processed 10/17/2015 * Electronically provided signatures are accepted as original signatures.							