

No. <b>W 108934</b>	<b>Due no later than Dec 31, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  AILOR WHITEPINE, LLC LARRY G AILOR 1475 AILOR RD DEARY ID 83823	LEONA J AILOR 1033 W MT DEARY CREEK RD DEARY 83823			
		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	LARRY G AILOR	1033 W MT DEARY CREEK RD	DEARY	ID	USA 83823
5. Organized Under the Laws of:  <b>ID W 108934</b>	6. Annual Report must be signed.* Signature: LARRY Name (type or print): LARRY Date: 11/18/2014 Title: MANAGER				
Processed 11/18/2014		* Electronically provided signatures are accepted as original signatures.			