

No. <b>W 30254</b>		<b>Due no later than Apr 30, 2017</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>  EPIPHANY SOLUTIONS LLC TODD MANDEVILLE PO BOX 1551 HAILEY ID 83333 USA		TODD MANDEVILLE 620 HAILEY DR HAILEY ID 83333			
<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	TODD MANDEVILLE	PO BOX 1551	HAILEY	ID	83333		
MANAGER	ELLEN S MANDEVILLE	PO BOX 1551	HAILEY	ID	USA	83333-1551	
5. Organized Under the Laws of:  <b>ID</b> <b>W 30254</b>		6. Annual Report must be signed.*  Signature: Ellen Mandeville Name (type or print): Ellen Mandeville					
		Date: 02/18/2017 Title: Manager					
Processed 02/18/2017 * Electronically provided signatures are accepted as original signatures.							