

No. W 156836		Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHOEMAKER CPR LLC KATHRYN SHOEMAKER 5722 ADAMS RD NEW PLYMOUTH ID 83655		KATHRYN SHOEMAKER 5722 ADAMS RD NEW PLYMOUTH ID 83655	
				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	KATHRYN SHOEMAKER	5722 ADAMS RD	NEW PLYMOUTH	ID	USA 83655
5. Organized Under the Laws of: ID W 156836		6. Annual Report must be signed.* Signature: Kathryn Shoemaker Name (type or print): Kathryn Shoemaker Date: 08/08/2016 Title: Owner/Manage			
Processed 08/08/2016		* Electronically provided signatures are accepted as original signatures.			