




No. W 138470	Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STANLEY M SANDERSON 3805 N SHERWOOD DR COEUR D ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 126 MILES, LLC STANLEY M SANDERSON 3805 N SHERWOOD DR COEUR D ALENE ID 83815		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STANLEY SANDERSON 3805 SHERWOOD DR.					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	COEUR D ALENE, ID Kootenai					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	83815					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 138470</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature:  Name (type or print): <u>STANLEY M SANDERSON</u> </td> <td style="width: 40%; padding: 5px;"> Date: <u>3/30/15</u> Title: <u>MANAGER</u> </td> </tr> </table>	Signature:  Name (type or print): <u>STANLEY M SANDERSON</u>	Date: <u>3/30/15</u> Title: <u>MANAGER</u>
Signature:  Name (type or print): <u>STANLEY M SANDERSON</u>	Date: <u>3/30/15</u> Title: <u>MANAGER</u>		

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