




No. <b>W 128500</b>	<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CADE KOHEN CPA 315 SOUTH ALMON MOSCOW ID 83843
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> GREG L. HALL LLC PO BOX 617 BOVILL ID 83806		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"/>	Greg L Hall	204 main	BOVILL	ID		83806
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rita Hall	204 main	BOVILL	ID		83806
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 128500           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u></u> </td> <td style="width: 40%;">           Date: <u>7-16-14</u> </td> </tr> <tr> <td>           Name (type or print): <u>Rita Hall</u> </td> <td>           Title: _____         </td> </tr> </table>	Signature: <u></u>	Date: <u>7-16-14</u>	Name (type or print): <u>Rita Hall</u>	Title: _____
Signature: <u></u>	Date: <u>7-16-14</u>				
Name (type or print): <u>Rita Hall</u>	Title: _____				

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