No. W 2865		Due no later than Sep 30, 2015 Annual Report Form		-	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FSI, L.L.C. SHANNON L OWEN 1420 S BLAINE ST STE 10 MOSCOW ID 83843 USA		1 N	KEVIN OWEN 1420 S BLAINE ST STE 10 MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	.y	State	Country	Postal Code
MANAGER	KEVIN W OWEN		1420 S BLAINE ST STE 10	MC	OSCOW	ID	USA	83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shannon L Owen			Date: 09/09/2015			
W 2865		Name (type or print): Shannon L Owen			Title: Controller			
Processed 09/09/2015 * Electronically provided signatures are accepted as original signatures.								