

No. W 95497		Due no later than Aug 31, 2015		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. 3056 MAYWOOD AVE., LLC CEES KALKMAN 3690 COVENTRY DR BOISE ID 83704		CEES KALKMAN 3690 COVENTRY DR BOISE ID 83704			
				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	
MEMBER	CATHRINE KALKMAN	3690 COVENTRY DR.	BOISE	ID	USA	83704	
MANAGER	CEES KALKMAN	3690 COVENTRY DR.	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 95497		6. Annual Report must be signed.* Signature: Cees Kalkman Name (type or print): Cees Kalkman Date: 09/08/2015 Title: Manager					
Processed 09/08/2015		* Electronically provided signatures are accepted as original signatures.					