No. W 150932		Due no later than May 31, 2016		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KRISTA SIEVERS 608 ELM AVE MACKAY ID 83251			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.						
		ADVANCED PLUS BOOKKEEPING LLC ADVANCED PLUS BOOKKEEPING LLC PO BOX 362 MACKAY ID 83251 USA						
				3	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Comp	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	ALAN T SIEVERS KRISTA D SIEVERS		608 ELM AVE PO BOX 362 608 ELM AVE PO BOX 362		MACAKY MACKAY	ID ID	USA USA	83251 83251
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 150932		Signature: Krista Sievers			Date: 04/22/2016			
		Name (type or print): Krista Sievers			Title: Member			
Processed 04/22/2016		* Electronically provided signatures are accepted as original signatures.						