

No. <b>W 56776</b>		<b>Due no later than Dec 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NELSON'S TRUTH VERIFICATION TESTING AND INVESTIGATIONS, LLC KIRK NELSON 763 W 25 S BLACKFOOT ID 83221		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KIRK NELSON	Street or PO Address 763 W. 25 S.		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of:  <b>ID</b> <b>W 56776</b>		6. Annual Report must be signed.*  Signature: Kirk Nelson Name (type or print): Kirk Nelson  Date: 10/18/2013 Title: Owner					
Processed 10/18/2013 * Electronically provided signatures are accepted as original signatures.							