

No. W 20334		Due no later than Aug 31, 2016 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. LLPOF, L.L.C. BARBARA TOMASI 130 GLENDALE RD BELLEVUE ID 83313		BARBARA ROBIN TOMASI 130 GLENDALE RD BELLEVUE ID 83313		
NO FILING FEE IF RECEIVED BY DUE DATE				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	BARBARA ROBIN TOMASI	PO BOX 179	HAILEY	ID	83333	
5. Organized Under the Laws of: ID W 20334		6. Annual Report must be signed.* Signature: BARBARA R TOMASI Name (type or print): BARBARA R TOMASI				
		Date: 06/20/2016 Title: MEMBER				
Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures.						