No. W 86473		Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HUSER INTEGRATED TECHNOLOGIES, LLC MICHAEL J. BODE 1313 NW 17TH AVE						
								PORTLAND OR 97209-2412
		NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compan	nies: Enter Nai	mes and Address	ses of at least one Member or Manag	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER MICHAEL J		BODE	1313 NW 17TH AVE.		PORTLAND	OR		97209-2412
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR W 86473		Signature: Shelley Amadoro		Date: 08/15/2016				
		Name (type or print): Shelley Amadoro			Title: Office Manager			
rocessed 08/15/2016 * Electronically provided signatures are accepted as original signatures.								