No. <b>W 87446</b>		Due no later than Oct 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON		Annual Report Form  1. Mailing Address: Correct in this box if needed.			THOMAS J CLARK 526 29TH ST LEWISTON 83501			
PO BOX 83720 BOISE, ID 83720-0080		THOMAS CLARK PLLC THOMAS J CLARK PO BOX 1901 LEWISTON ID 83501		3. New Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS J	CLARK	526 29TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas J. Clark		Date:	Date: 11/21/2014			
W 87446		Name (type or print): Thomas J. Clark		Title:	Title: Managing Member			
Processed 11/21/2014 * Electronically provided signatures are accepted as original signatures.								