No. <b>W 139285</b>	Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	turn to: Annual Report Form		KIMBERLY B GILBERT			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  KIMBERLY BLANCHET GILBERT, LLC  KIMBERLY B GILBERT  2437 E MOUNTAIN VISTA DR  COEUR D ALENE ID 83815		2437 E MOUNTAIN VISTA DR COEUR D ALENE ID 83815  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
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
MANAGER KIMBERLY B	LANCHET GILBERT	2437 EAST MOUNTAIN VISTA DRIVE	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Kimberly Blanchet Gilbert		Date: 04/25/2016			
W 139285 Name (type or print): Kimberly Blanchet Gilbert		Title: Manager				
Processed 04/25/2016 * Electronically provided signatures are accepted as original signatures.						