No. W 61359		Due no later than Apr 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MELISSA LARSON			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed. ELEVATED DANCE PROJECT LLC MELISSA LARSON 2066 N SIESTA AVE BOISE ID 83704		2066 N SIESTA AVE BOISE ID 83704			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MELISSA						
	BOISE ID			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and Addre	esses of at least one Member or Manager.					
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code	
	SSA LARSON	2066 N SIESTA AVE	BOISE	ID	USA	83704	
MEMBER KIM	MACHADO	4728 N PENNFIELD PL	BOISE	ID	USA	83713	
5. Organized Under the Laws of	6. Annual Re	port must be signed.*					
ID ID	Signature	Signature: Melissa Larson Date: 02/11/2014					
W 61359	Name (typ	pe or print): Melissa Larson		Title: Member			
Processed 02/11/2014	* Electronical	* Electronically provided signatures are accepted as original signatures.					