

No. W 58740	Due no later than Feb 28, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. OVER THIRTY-FIVE LLC NANCY SWEARINGEN 613 BRYDEN AVE STE C #356 LEWISTON ID 83501		NANCY SWEARINGEN 613 BRYDEN AVE STE C #356 LEWISTON 83501			
			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
MANAGER	NANCY SWEARINGEN	613 BRYDEN AVE STE C #356	LEWISTON	ID		83501
5. Organized Under the Laws of: WA W 58740	6. Annual Report must be signed.* Signature: Nancy Swearingen Name (type or print): Nancy Swearingen		Date: 02/05/2015 Title: Manager			
Processed 02/05/2015		* Electronically provided signatures are accepted as original signatures.				