No. **W 35898**	**Due no later than Jan 31, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** PRAXIS LIMITED CO. CALEB F HANSEN 3163 E FAIRVIEW AVE STE 150 MERIDIAN ID 83642	CALEB HANSEN 3163 E FAIRVIEW AVE #150 MERIDIAN ID 83642 3. New 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	CALEB HANSEN	3163 E. FAIRVIEW AVE #150	MERIDIAN	ID	USA	83642
MANAGER	BLAKE R SUMMERS	3163 E. FAIRVIEW AVE #150	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 35898**	Signature: caleb hansen	Date: 01/06/2016
	Name (type or print): caleb hansen	Title: manager

Processed 01/06/2016

* Electronically provided signatures are accepted as original signatures.