

No. W 150273	Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PEDRO CASILLAS 2004 WILDFLOWER DR NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CASILLAS FLOORING LLC PEDRO CASILLAS 2004 WILDFLOWER DR NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Pedro Casillas	2004 Wildflower DR	Nampa	ID		83686
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 150273 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature: <u>Pedro Casillas</u> </td> <td style="width: 40%; padding: 5px;"> Date: <u>2/23/16</u> </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): <u>Pedro Casillas</u> </td> <td style="padding: 5px;"> Title: <u>Owner</u> </td> </tr> </table>	Signature: <u>Pedro Casillas</u>	Date: <u>2/23/16</u>	Name (type or print): <u>Pedro Casillas</u>	Title: <u>Owner</u>
Signature: <u>Pedro Casillas</u>	Date: <u>2/23/16</u>				
Name (type or print): <u>Pedro Casillas</u>	Title: <u>Owner</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.