

No. <b>W 67873</b>		<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PERKS OF LIFE LLC (THE) HEATHERLYN ANDRADE 1540 E IRON EAGLE DR STE 130 EAGLE ID 83616		ANDREA VLAANDEREN 6505 W SOUTH SLOPE ROAD EMMETT ID 83617			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	ANDREA VLAANDEREN	6505 W SOUTH SLOPE ROAD	EMMETT	ID	83617		
MEMBER	HEATHERLYN ANDRADE	6081 W DORIAN CT.	BOISE	ID	83709		
5. Organized Under the Laws of:  <b>ID</b> <b>W 67873</b>		6. Annual Report must be signed.*  Signature: Heather Andrade Name (type or print): Heather Andrade					
		Date: 11/08/2015 Title: Member					
Processed 11/08/2015		* Electronically provided signatures are accepted as original signatures.					