No. W 52456 Return to:		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JOSH JACKSON 234 W 16TH ST IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 255 2ND ST IDAHO FALLS, LLC JOSHUA W JACKSON 234 W 16TH ST IDAHO FALLS ID 83402	IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JOSH JACKSO		SON 234 W 16TH ST	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Joshua Jackson	Date: 06/08/2014				
W 52456		Name (type or print): Joshua Jackson		Title: Manager			
Processed 06/08/2014 * Electronically provided signatures are accepted as original signatures.							