No. <b>W 92574</b>		Due no later than Apr 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DR GLORIA GILBERE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		JOVAIR DIVERS DR. GLORIA GI PO BOX 1565 SANDPOINT ID	SANDPOIN	1024 PARK AVE SANDPOINT ID 83864-5029  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SHARON L	WISEMAN	1024 PARK AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 92574		Signature: Sha		Date: 04/21/2015				
		Name (type or		Title: member				
Processed 04/21/2015	* Electronically provided signatures are accepted as original signatures.							