No. **W 50919**	**Due no later than May 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** DEVRIE LLC MARK R LATIMORE 785 KRISTA CT CHUBBUCK ID 83202	MARK R LATIMORE 785 KRISTA CT CHUBBUCK 83202 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	MARK R LATIMORE	785 KRISTA CT	CHUBBUCK	ID		83202
MEMBER	CINDY L LATIMORE	785 KRISTA CT	CHUBBUCK	ID		83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50919**	Signature: Mark Latimore	Date: 03/23/2015
	Name (type or print): Mark Latimore	Title: Manager

Processed 03/23/2015

* Electronically provided signatures are accepted as original signatures.