

No. <b>W 124234</b>	<b>Due no later than Apr 30, 2016</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>  EYE SPY TRIPS LLC DONNA COLLIER PO BOX 1449 PRIEST RIVER ID 83856		DONNA COLLIER 355 E SETTLEMENT RD PRIEST RIVER ID 83856				
<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 MEMBER	Name DONNA L COLLIER	Street or PO Address P.O. BOX 1449	City PRIEST RIVER	State ID	Country USA	Postal Code 83856	
5. Organized Under the Laws of:  <b>ID</b> <b>W 124234</b>	6. Annual Report must be signed.*  Signature: Donna Collier Name (type or print): Donna Collier						Date: 06/01/2016 Title: Member
Processed 06/01/2016	* Electronically provided signatures are accepted as original signatures.						