No. **W 97143**	**Due no later than Oct 31, 2014** **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.** THREE FLIPS SECURITIES, L.C. SCOTT FLIPPENCE PO BOX 104 PRESTON ID 83263 USA	VIRGINIA FLIPPENCE 416 EAST ONEID PRESTON ID 83263 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
MEMBER	SCOTT FLIPPENCE	PO BOX 4802	LOGAN	UT	USA	84323

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97143**	Signature: Scott Flippence	Date: 08/18/2014
	Name (type or print): Scott Flippence	Title: Member

Processed 08/18/2014

* Electronically provided signatures are accepted as original signatures.