

No. W 92882	Due no later than Apr 30, 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.		MICHAEL SHIPP DMD 6085 N EAGLE RD BOISE ID 83713			
	SHIPP ENTERPRISES, LLC MIKE SHIPP 6085 N EAGLE RD BOISE ID 83713		3. <u>New</u> 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	MICHAEL SHIPP	239 E TRAILSIDE DR	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 92882		6. Annual Report must be signed.* Signature: Michael Shipp Name (type or print): Michael Shipp Date: 02/17/2014 Title: President				
Processed 02/17/2014		* Electronically provided signatures are accepted as original signatures.				