No. <b>W 130078</b>		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BROCK H BISCHOFF				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		318 N PINE PARKER ST ANTHONY ID 83445				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BISCHOFF LAW, PLLC BROCK H BISCHOFF PO BOX 21						
	ST ANTHON	ST ANTHONY ID 83445		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Ent	er Names and Addres	ses of at least one Member or Manager.						
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER BROCK H BISCHOFF		PO BOX 21		ST. ANTHONY	ID	USA	83445	
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: E	Signature: Brock Bischoff		Date: 08/29/2014				
W 130078	Name (type	Name (type or print): Brock Bischoff		Title: Owner/Manager				
Processed 08/29/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.						