No. **W 156919**	**Due no later than Oct 31, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CSMC LLC STEVEN RYALS PO BOX 719 COUNCIL ID 83612	STEVEN RYALS 2429 LAPPIN LN COUNCIL ID 83612 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	STEVEN E RYALS	2429 LAPPIN LN	COUNCIL	ID	USA	83612

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 156919**	Signature: steven ryals Name (type or print): steven ryals	Date: 08/30/2016 Title: president

Processed 08/30/2016

* Electronically provided signatures are accepted as original signatures.