No. W 6672	Due no later than Aug 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			CHRISTOPHER BILLINGSLEA 1220 E POLSTON AVE POST FALLS ID 83854			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. POLSTON BUSINESS ASSOCIATES, L.L.C. CHRISTOPHER M BILLINGSLEA 1220 E POLSTON AVE						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			POST FALLS	FOST FALLS ID 63634			
	POST FALLS ID 83854		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	1.5 1						
4. Limited Liability Companies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRISTOPHER BILLINGSLEA 1220 E POLSTON AVE		POST FALLS	ID		83854		
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Christopher Billingslea Date: 07/27/2016			6			
W 6672	Name (type or print): Christopher Billingslea Title: Manager						
Processed 07/27/2016	* Electronically provided signatures are accepted as original signatures.						