

No. W 48779		Due no later than Mar 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. NORTH IDAHO PROFESSIONAL SERVICES, PLLC PETER M HALLOCK PO BOX 438 SAGLE ID 83860		PETER M HALLOCK CPA 2583 LAKESHORE DR SAGLE ID 83860	
				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
MEMBER	PETER M HALLOCK	2583 LAKESHORE DR	SAGLE	ID	83860
5. Organized Under the Laws of: ID W 48779		6. Annual Report must be signed.* Signature: PETER M HALLOCK Name (type or print): PETER M HALLOCK Date: 01/19/2016 Title: MEMBER			
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.			