No. W 98868		Due no later than Dec 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. MAVERICK CONSULTING, LLC SABRINA FERRIS 1967 ALDER CREEK LOOP RD ST MARIES ID 83861		2. Registered Ag	Registered Agent and Address (NO PO BOX) NICHOLAS FERRIS 1967 ALDER CREEK LOOP RD ST MARIES 83861 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1967 ALDER (ST MARIES				
NO FILING FEE IF RECEIVED BY DUE DATE			for blood and Marshall Marshall					
		nes and Addresse	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER S	Name SABRINA FERRIS NICHOLAS FERRIS		1967 ALDER CREEK LOOP 1967 ALDER CREEK LOOP	ST. MARIES ST. MARIES	ID ID	USA USA	83861 83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 98868		Signature: Sabrina Hume Ferris Date: 12/03/2014						
		Name (type o		Title: Member				
rocessed 12/03/2014 * Electronically provided signatures are accepted as original signatures.								