

No. W 86672	Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CARL W LUNDQUIST 60 S INVERNESS DR NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CARL'S CONSULTING LLC 60 S INVERNESS DR NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<div style="font-family: cursive; font-size: 1.2em;"> CARL W LUNDQUIST 60 S INVERNESS DR NAMPA ID 83651 </div>		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 86672 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <div style="font-family: cursive; font-size: 1.5em; margin-top: 5px;"> Carl W Lundquist </div> Name (type or print): <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> CARL W LUNDQUIST </div> </div> <div style="width: 35%;"> Date: <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> 09-10-15 </div> Title: <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> Manager </div> </div> </div>	
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