

No. <b>W 33319</b>		<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LAISSEZ FAIRE, LLC JOHN MAGNUSON 1250 NORTHWOOD CENTER CT #A COEUR D'ALENE ID 83814		JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT #A COEUR D'ALENE ID 83814-8381			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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
MANAGER	JOHN F. MAGNUSON	1250 NORTHWOOD CENTER COURT SUITE A		COEUR D'ALENE	ID	USA	83816
5. Organized Under the Laws of:  <b>ID</b> <b>W 33319</b>		6. Annual Report must be signed.*  Signature: John F. Magnuson Name (type or print): John F. Magnuson  Date: 08/06/2015 Title: Manager					
Processed 08/06/2015		* Electronically provided signatures are accepted as original signatures.					