

No. <b>W 2790</b>		Due no later than Aug 31, 2016 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> VAN ENGELN CPAS & CO., P.L.L.C. DAVID C VAN ENGELN P. O. BOX 5377 1411 FALLS AVE E. STE. 1201 TWIN FALLS ID 83303-5377		DAVID C VAN ENGELN 1411 FALLS AVE E. STE. 1201 TWIN FALLS ID 83303-5377	
				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	DAVID C VAN ENGELN	1411 FALLS AVE E. STE. 1201	TWIN FALLS	ID	83301
5. Organized Under the Laws of: <b>ID W 2790</b>		6. Annual Report must be signed.* Signature: David Van Engelen Name (type or print): David Van Engelen Date: 06/20/2016 Title: Member			
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.			