

No. W 92167		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SLEEP AND SON BUILDING CONTRACTORS LLC TAWNIE L SLEEP 231 LAKESHORE DR SAGLE ID 83860 USA		BRENT W SLEEP 231 LAKESHORE DR SAGLE ID 83860			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TAWNIE L SLEEP	231 LAKESHORE DR.	SAGLE	ID	USA	83986	
MEMBER	BRENT W SLEEP	231 LAKESHORE DR.	SAGLE	ID	USA	83860	
5. Organized Under the Laws of: ID W 92167		6. Annual Report must be signed.* Signature: Tawnie Sleep Name (type or print): Tawnie Sleep					
		Date: 04/30/2014 Title: Member					
Processed 04/30/2014 * Electronically provided signatures are accepted as original signatures.							