No. **W 96733**	**Due no later than Sep 30, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LUMINOUS FLUX, LLC PETER J VOMOCIL 360 W FALL DR BOISE ID 83706	PETER J VOMOCIL 360 W FALL DR BOISE ID 83706 3. New 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	PETER J VOMOCIL	360 W FALL DR	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 96733**	Signature: Peter Vomocil	Date: 10/21/2016
	Name (type or print): Peter Vomocil	Title: Principal

Processed 10/21/2016

* Electronically provided signatures are accepted as original signatures.