

No. <b>W 69509</b>		<b>Due no later than Dec 31, 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>  CARDPRO CREDIT AFFILIATES LLC GARY BRUCE ROSE 409 RUTH AVE. IDAHO FALLS ID 83401		GARY BRUCE ROSE 409 RUTH AVE. IDAHO FALLS ID 83401			
<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	
MEMBER	GARY BRUCE ROSE	409 RUTH AVE	IDAHO FALLS	ID	83401		
MEMBER	RITA L ROSE	409 RUTH AVE	IDAHO FALLS	ID	USA	83401-3134	
5. Organized Under the Laws of:  <b>ID</b> <b>W 69509</b>		6. Annual Report must be signed.*  Signature: Gary Bruce Rose Name (type or print): Gary Bruce Rose					
		Date: 10/13/2015 Title: Registered Agent					
Processed 10/13/2015      * Electronically provided signatures are accepted as original signatures.							