

No. W 29166		Due no later than Mar 31, 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. NESLIE, LLC LESLIE K GOURLEY 315 E LOCUST AVENUE COEUR D ALENE ID 83814 USA		KIMBELL D GOURLEY 225 N 9TH ST STE 820 BOISE ID 83701			
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	
MANAGER	NELSON GOURLEY	3529 E 1ST AVE	POST FALLS	ID	USA	83854	
MANAGER	LESLIE GOURLEY	3529 E 1ST AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 29166		6. Annual Report must be signed.* Signature: Leslie K Gourley Name (type or print): Leslie K Gourley					
		Date: 01/27/2014 Title: Managing Member					
Processed 01/27/2014 * Electronically provided signatures are accepted as original signatures.							