No. <b>W 111232</b>		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MILMOR LLC JUSTIN OLESON PO BOX 1047 BLACKFOOT ID 83221		JUSTIN B OLESON 285 NORTHWEST MAIN BLACKFOOT 83221  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresse	s of at least one Member or Manager					
Office Held	Name	ries and Addresse	Street or PO Address	•	City	State	Country	Postal Code
MANAGER JUSTIN OLES		SON	PO BOX 1047		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  ID  W 111232		6. Annual Report must be signed.* Signature: Justin B. Oleson Name (type or print): Justin B. Oleson			Date: 01/02/2015 Title: Manager			
Processed 01/02/2015		* Electronically provided signatures are accepted as original signatures.						