THE ORIGINAL PROPERTY OF THE P		later than Mar 31, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		WILLIAM IRVING GILMORE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		802 LINCOLN ST POST FALLS 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GILMORE CONSULTING SERVICES, LLC WILLI I GILMORE 802 LINCOLN ST POST FALLS ID 83854					
			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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
	RVING GILMORE	1426 LAKE WASHINGTON BLVD S	SEATTLE	WA		98144
MEMBER KATHLEEN	FIELDER GILMORE	1426 LAKE WASHINGTON BLVD S	SEATTLE	WA		98144
5.0	I C. AI DI	a Lee describé				
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: WILLIAM GILMORE		Date: 01/19/2015			
W 60451	Name (type or print): WILLIAM GILMORE		Title: MEMBER			
Processed 01/19/2015	* Electronically provided signatures are accepted as original signatures.					