No. <b>W 7204</b>		Du	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JENNIFER CARRIER 5086 N SCHUBERT AVE MERIDIAN ID 83646			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Nai	mes and Addresse	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER NANCY K CA		ARRIER	13348 WEST MEADOWDALE DRIVE	BOISE	ID	USA	83713
MANAGER JENNI CARR		IER	5086 N SCHUBERT AVE	BOISE	ID	USA	83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 7204		Signature: Jenni Carrier		Date: 08/25/2014			
		Name (type o	Title: Owner				
Processed 08/25/2014		* Electronically p	rovided signatures are accepted as original sig	natures.			