No. W 107770	Due no later than Oct 31, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			CHRISTOPHER A WRIGHT			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			590 SKYHAWK DR. SPIRIT LAKE ID 83869			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CW PROFESSIONAL SERVICES, LLC CHRISTOPHER A WRIGHT 590 SKYHAWK DR.		SPIRIT LAKE	SPIRIT LAKE ID 63609			
	SPIRIT LAKE ID 83869		3. <u>New</u> Registere	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	
MANAGER CHRISTOPHER A WRIGHT 590 SKYHAWK DR.		SPIRIT LAKE	ID	USA	83869		
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Christo	Da	Date: 11/11/2015				
W 107770	Name (type or pri	Tit	Title: Manager/Member				
Processed 11/11/2015	* Electronically provided signatures are accepted as original signatures.						