

No. <b>W 92167</b>		<b>Due no later than Apr 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SLEEP AND SON BUILDING CONTRACTORS LLC TAWNIE L SLEEP 231 LAKESHORE DR SAGLE ID 83860 USA		BRENT W SLEEP 231 LAKESHORE DR SAGLE ID 83860			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	TAWNIE L SLEEP	231 LAKESHORE DR.	SAGLE	ID	USA	83860	
MEMBER	BRENT W SLEEP	231 LAKESHORE DR.	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:  <b>ID</b> <b>W 92167</b>		6. Annual Report must be signed.*  Signature: Tawnie Sleep Name (type or print): Tawnie Sleep					
		Date: 04/30/2015 Title: member					
Processed 04/30/2015 * Electronically provided signatures are accepted as original signatures.							