No. W 126239 Return to:		Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. MODE LLC CHARLES MAGUIRE 416 N 3RD AVE HAILEY ID 83333		2.	2. Registered Agent and Address (NO PO BOX) CHARLES MAGUIRE 416 N 3RD AVE HAILEY ID 83333 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3.				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	CHARLES M	AGUIRE	416 N. 3RD AVE.	F	HAILEY	ID	USA	83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Charles Maguire			Date: 07/24/2014			
W 126239		Name (type or print): Charles Maguire			Title: Officer			
Processed 07/24/2014		* Electronically provided signatures are accepted as original signatures.						