No. **W 14117**	**Due no later than Jan 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** 31 PADRE, LLC PO BOX 219 DOVER ID 83825	CURTIS WYBORNY 23487 HWY 2 SANDPOINT 83864 3. New 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
MANAGER	CURTIS WYBORNY	PO BOX 219	DOVER	ID		83825

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 14117**	Signature: curtis wyborny	Date: 12/03/2014
	Name (type or print): curtis wyborny	Title: manager

Processed 12/03/2014

* Electronically provided signatures are accepted as original signatures.