No. W 100065		Due no later than Jan 31, 2014		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KARLA I WILLIAMS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		USA		NAMPA				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	KARLA I WILLIAMS		5320 E ORCHARD AVE	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Karla Williams		Da	Date: 12/05/2013			
W 100065		Name (type o	or print): Karla Williams	Ti	Title: Managing Member			
Processed 12/05/2013		* Electronically provided signatures are accepted as original signatures.						