

No. <b>W 66875</b>		<b>Due no later than Sep 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>  MIPAS LLC MICHAEL E MCCLURE 2323 JUNIPER DRIVE LEWISTON ID 83501		MICHAEL E MCCLURE 2323 JUNIPER DR LEWISTON ID 83501			
<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 MANAGER	Name MICHAEL E MCCLURE	Street or PO Address 2323 JUNIPER DRIVE		City LEWISTON	State ID	Country	Postal Code 83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 66875</b>		6. Annual Report must be signed.*  Signature: Michael E McClure Name (type or print): Michael E McClure  Date: 08/22/2015 Title: Manager					
Processed 08/22/2015 * Electronically provided signatures are accepted as original signatures.							