No. <b>W 154930</b>		Due no later than Aug 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SONJA S TREVIZO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TREVIZO LINGUISTIC SOLUTIONS LLC SONIA S TREVIZO 874 N 1400 W BLACKFOOT ID 83221		BLACKFOOT	874 N 1400 W BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SONIA S T	REVIZO	874 N 1400 W	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: So		Date: 08/05/2016				
W 154930		Name (type o		Title: Owner				
Processed 08/05/2016		* Electronically provided signatures are accepted as original signatures.						