No. <b>W 30254</b>		Due no later than Apr 30, 2016		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  EPIPHANY SOLUTIONS LLC TODD MANDEVILLE PO BOX 1551 HALLEY ID 83333		620 HAILEY HAILEY ID	TODD MANDEVILLE 620 HAILEY DR HAILEY ID 83333  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar			es of at least one Member or Manager.	J. <u>New</u> Registe	sred Agent 3	ignature.		
Office Held Name		ines and Address	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	TODD MANDEVILLE ELLEN S MANDEVILLE		PO BOX 1551 PO BOX 1551	HAILEY HAILEY	ID ID	USA	83333 83333-1551	
5. Organized Under the Laws of:		6. Annual Repor						
ID W 30254		Signature: Ellen Mandeville Name (type or print): Ellen Mandeville			Date: 03/14/2016 Title: Manager			
Processed 03/14/2016		* Electronically p	rovided signatures are accepted as origin	nal signatures.				