

No. W 18781	Due no later than Apr 30, 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. TIMOTHY MAGUIRE, LLC TIMOTHY J MAGUIRE 1509 N 15TH BOISE ID 83702		TIMOTHY MAGUIRE 1509 N 15TH ST BOISE ID 83702			
			3. <u>New</u> 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
MEMBER	TIMOTHY MAGUIRE	1512 N 19TH ST	BOISE	ID		83702
5. Organized Under the Laws of: ID W 18781		6. Annual Report must be signed.* Signature: TJM Name (type or print): TJM Date: 05/19/2015 Title: Member				
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.				