| No. W 76734 | | Due no later than Aug 31, 2015 | | 2. Registered A | 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. MASUEN CONSULTING LLC MICHELE MASUEN 642 YATES RD NEWPORT WA 99156 | | 1025 W LACF COEUR D'ALE | PAUL JANESON 1025 W LACROSSE AVE COEUR D'ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companie | es: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| | MICHELE A MITCHEL A | | 642 YATES 642 YATES RD | NEWPORT NEWPORT | WA WA | USA USA | 99156 99156 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| R. W 76734 | | Signature: M | ichele Masuen | | Date: 06/24/2015 | | | |
| | | Name (type o | or print): Michele Masuen | | Title: member | | | |
| Processed 06/24/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |