No. **W 33182**	**Due no later than Sep 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.** TOUCH STONE MEMORIES & CO. LLC GAIL BEARD PO BOX 51995 IDAHO FALLS ID 83405	JERRY SMITH 291 NORTH BROADWAY BLACKFOOT ID 83221 3. New 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
MANAGER	GAIL BEARD	PO BOX 50336	IDAHO FALLS	ID		83405

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 33182**	Signature: Gail Beard	Date: 08/12/2015
	Name (type or print): Gail Beard	Title: Manager

Processed 08/12/2015

* Electronically provided signatures are accepted as original signatures.