

No. <b>W 151798</b>		Due no later than May 31, 2016		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BRIDGEOPS, LLC 1116 S VISTA AVE #166 BOISE ID 83705-2429		SHAWN DEFEDÉ 3213 W CRESCENT RIM DR Boise ID 83706-2716	
				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	SHAWN M DEFEDÉ	3213 W CRESCENT RIM DR	BOISE	ID	83706-2716
5. Organized Under the Laws of:  <b>ID W 151798</b>		6. Annual Report must be signed.* Signature: Shawn DeFede Name (type or print): Shawn DeFede Date: 05/31/2016 Title: Member			
Processed 05/31/2016		* Electronically provided signatures are accepted as original signatures.			