No. <b>W 119491</b>		e no later than Dec 31, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			CADE KONEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			MOSCOW II	315 S ALMON ST MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JULIE JABB MEMBER JABBORA FA	ORA AMILY TRUST	PO BOX 93741 315 S ALMON	LAS VEGAS MOSCOW	NV ID	USA USA	89193 83843	
5. Organized Under the Laws of: 6. Annual Report		must be signed.*					
<b>ID</b> Signature: CAI		LIE BROWN	Date: 11/05/2015				
W 119491	Name (type or	Name (type or print): CALLIE BROWN		Title: BOOKKEEPER			
Processed 11/05/2015	* Electronically provided signatures are accepted as original signatures.						