

No. W 110665		Due no later than Feb 29, 2016 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		1. Mailing Address: Correct in this box if needed. BURNS CUSTOM CABINETS LLC GABRIEL M BURNS 5021 N FARMFIELD RD NEWMAN LAKE WA 99025		PAM BURNS 1619 S. MILLER WAY NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name GABRIEL MILLAR BURNS	Street or PO Address 5021 N. FARMFIELD RD.		City NEWMAN LAKE	State WA	Country USA	Postal Code 99025
5. Organized Under the Laws of: WA W 110665		6. Annual Report must be signed.* Signature: Gabriel M Burns Name (type or print): Gabriel M Burns Date: 01/04/2016 Title: Owner					
Processed 01/04/2016 * Electronically provided signatures are accepted as original signatures.							