No. **W 20877**	**Due no later than Sep 30, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ROBERT S. CONNER LLC ROBERT S. CONNER PO BOX 392 NEW MEADOWS ID 83654	ROBERT S CONNER 417 SPEER ST NEW MEADOWS ID 83654 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	ROBERT S CONNER	417 SPEER ST	NEW MEADOWS	ID	USA	83654

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20877**	Signature: Robert S. Conner	Date: 07/27/2014
	Name (type or print): Robert S. Conner	Title: Owner

Processed 07/27/2014

* Electronically provided signatures are accepted as original signatures.