

No. <b>W 151054</b>		<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b>  6604 VENTURES, LLC BRIAN RALLENS 839 S BRIDGEWAY PLACE EAGLE ID 83616		BRIAN RALLENS 839 S BRIDGEWAY PLACE EAGLE ID 83616-8361			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BRIAN RALLENS	Street or PO Address 839 S. BRIDGEWAY PL		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>W 151054</b>		6. Annual Report must be signed.*  Signature: Brian Rallens Name (type or print): Brian Rallens  Date: 02/25/2016 Title: Manager					
Processed 02/25/2016 * Electronically provided signatures are accepted as original signatures.							