No. W 23963		Due no later than Apr 30, 2014		2. F	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 SHARRON C ELLEDGE 799 N HARVEY LN EAGLE ID 83616 N HARVEY LN		gnature:*			
4. Limited Liability Com	panies: Enter Na Name	mes and Addresses of at	least one Member or Manager. Street or PO Address	Ci	ity	State	Country	Postal Code
MEMBER LAURIE C E		LLEDGE	799 N HARVEY LN		AGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 23963		6. Annual Report must be signed.* Signature: Laurie Elledge Name (type or print): Laurie Elledge			Date: 03/05/2014 Title: Member			
Processed 03/05/2014		* Electronically provided signatures are accepted as original signatures.						