No. W 131725 Return to:		Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. 5 BY 5 LLC DAVID V NIELSEN PO BOX 1192 BOISE ID 83701		2	2. Registered Agent and Address (NO PO BOX) DAVID V NIELSEN 380 E PARK CENTER SUITE 200 BOISE ID 83706 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	DAVID V NI	IELSEN	P O BOX 1192		BOISE	ID	USA	83701
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David V. Nielsen			Date: 11/05/2015			
W 131725		Name (type or print): David V. Nielsen			Title: Manager			
Processed 11/05/2015 * Electronically provided signatures are accepted as original signatures.								