No. W 136137		Due no later than Mar 31, 2015		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ARLENE DEMPSAY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ARLENES BOOKKEEPING LLC ARLENE DEMPSAY PO BOX 119 PAUL ID 83347		PAUL	112 S 632 LN W PAUL 83347 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ARLENE DEMPSAY		MPSAY	PO BOX 119	PAUL	ID	USA	83347	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: arlene		Date: 01/16/2015				
W 136137		Name (type or pr		Title: member				
Processed 01/16/2015 * Electronically provided signatures are accepted as original signatures.								