No. W 83517			Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. E-SQUARED, LLC KYLE S. ELFE 454 STAR DR. BURLEY ID 83301 USA			RANDOLPH P ELFE 454 STAR DR BURLEY 83318 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter l	Names and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	KYLE S. E	ELFE	943 DEL MAR DR.		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Randy Elfe			Date: 03/07/2015			
W 83517		Name (type or print): Randy Elfe			Title: Registered agent			
Processed 03/07/2015 * Electronically provided signatures are accepted as original signatures.								