No. W 20108		Due no later than Jul 31, 2016			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. MAYEIGHT, L.L.C. KARLA A BRUCE 1352 ALBACORE KUNA ID 83634		1352 ALB KUNA ID	JOHN M BRUCE 1352 ALBACORE KUNA ID 83634 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	JOHN M BRUCE KARLA A BRUCE		1352 ALBACORE 1352 ALBACORE	KUNA KUNA	ID ID		83634 83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 20108		Signature: John Bruce			Date: 05/24/2016			
		Name (type or print): John Bruce			Title: Manager			
Processed 05/24/2016	* Electronically provided signatures are accepted as original signatures.							