

No. W 149863	Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CASEY L ANDERSON 95 HORROCKS DR BLACKFOOT ID 83221	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  F.A.S.S.T. LLC. CASEY L ANDERSON <del>95 HORROCKS DR</del> <del>BLACKFOOT ID 83221</del>		495 W 200 N Blackfoot ID 83221	
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	CASEY L. ANDERSON 495 W 200 N BLACKFOOT, IDAHO 83221			
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:		6.		
IDAHO W 149863		Signature:	Date:	
		<i>Casey L. Anderson</i>	<u>6-5-16</u>	
		Name (type or print):	Title:	
		<i>CASEY L. ANDERSON</i>	<u>OWNER</u>	

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM