No. <b>W 38143</b>		Due no later than Mar 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SERVICE, L.L.C. HERB ALLEN 141 1ST AVE EAST JEROME ID 83338		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				141 1ST AVE JEROME ID	HERB D ALLEN 141 1ST AVE EAST JEROME ID 83338  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	nes and Addresses of at	Street or PO Address	City	State	Country	Postal Code	
MEMBER	HERB D ALLEN		141 1ST AVE EAST	JEROME	ID		83338	
5. Organized Under the Laws of:  ID  W 20142		6. Annual Report must be signed.*  Signature: BRANDIE MCFALL  Date: 02/09/2016						
<b>W 38143</b> Processed 02/09/2016		Name (type or print): BRANDIE MCFALL Title: OFFICE MANAGER  * Electronically provided signatures are accepted as original signatures.						