

No. W 48428	Due no later than Mar 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CECILY S COOPER 10 BEARTOWN HORSESHOE BEND ID 83629
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COOPER CONSULTING, LLC CECILY S COOPER 10 BEARTOWN HORSESHOE BEND ID 83629		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cecily Cooper	10 Beartown	Horseshoe Bend	IDA.		83629
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jon Cooper	10 Beartown	Horseshoe Bend	IDA.		83629
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 48428 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; vertical-align: bottom;"> Signature: <u>Cecily Cooper</u> Name (type or print): <u>Cecily Cooper</u> </td> <td style="width: 40%; vertical-align: bottom;"> Date: <u>Feb. 3 2016</u> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: <u>Cecily Cooper</u> Name (type or print): <u>Cecily Cooper</u>	Date: <u>Feb. 3 2016</u> Title: <u>MANAGER</u>
Signature: <u>Cecily Cooper</u> Name (type or print): <u>Cecily Cooper</u>	Date: <u>Feb. 3 2016</u> Title: <u>MANAGER</u>		