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|--|------------------|--|-------|---|------------------|-------------|--|
| No. W 53204 | | Due no later than Aug 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | BARBI RICHERT 11279 W PECONIC DR BOISE ID 83709 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | ASPIRE SERVICES LLC BARBI RICHERT 11279 W PECONICDR BOISE ID 83709 USA | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | BARBI JO RICHERT | 11279 W PECONIC DR | BOISE | ID | USA | 83709 | |
| MEMBER | SHARON SAUL | 6144 N BROOK PL | BOISE | ID | | 83714 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 53204 | | Signature: barbi richert | | | Date: 07/24/2015 | | |
| | | Name (type or print): barbi richert | | | Title: member | | |
| Processed 07/24/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |