No. W 60719		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		HEDGE WAY	542 STONEHE TWIN FALLS	ANDREW C LYDA 542 STONEHEDGE WAY			
4. Limited Liability Companies: Ente	Names and Addre	sses of at least one Member or Manager.	•				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ANDREV MEMBER AMANDA	/ C LYDA LYDA	542 STONEHEDGE WAY 542 STONEHEDGE WAY	TWIN FALLS TWIN FALLS	ID ID	USA	83301 83301	
5. Organized Under the Laws of: 6. Annual Repo		port must be signed.*					
ID.	Signature:	Signature: Amanda Lyda		Date: 04/08/2015			
W 60719	Name (type	Name (type or print): Amanda Lyda		Title: Member			
Processed 04/08/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					