No. <b>W 49823</b>		Due no later than Apr 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			AMIT SHARMA MD 3029 S WHITE CASTLE AVE EAGLE ID 83616-8361  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SHARMA GLOBAL CAPITAL LLC  AMIT SHARMA  3029 S WHITE CASTLE AVE  EAGLE ID 83616		EAGLE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER AMIT SHARMA MD		MA MD	1633 S WATER LEAF AVE	EAGLE	ID		83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 49823		Signature: Amit Sharma		Date:	Date: 03/15/2016			
		Name (type or print): Amit Sharma		Title:	Title: managing partner			
Processed 03/15/2016 * Electronically provided signatures are accepted as original signatures.								