

No. W 145069		Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOWARDS LIVING TRUST #7, LLC NORMAN K SOWARDS 3212 W 3000 N MOORE ID 83255		NORMAN K SOWARDS 3212 W 3000 N MOORE ID 83255-8325			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	NORMAN KENT SOWARDS	3212 W, 3000 N	MOORE	ID	USA	83255	
5. Organized Under the Laws of: ID W 145069		6. Annual Report must be signed.* Signature: N K SOWARDS Name (type or print): N K SOWARDS					
		Date: 10/22/2015 Title: Trustee					
Processed 10/22/2015 * Electronically provided signatures are accepted as original signatures.							