

No. <b>W 75139</b>		<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RP OUTSIDE LLC ROBERT PARKINS 1565 SHIRE DRIVE PO BOX 673 VICTOR ID 83455 USA		ROBERT PARKINS 1565 SHIRE DRIVE VICTOR ID 83455-8345			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT PARKINS	Street or PO Address 1565 SHIRE DRIVE P.O.		City VICTOR	State ID	Country USA	Postal Code 83455
5. Organized Under the Laws of:  <b>ID</b> <b>W 75139</b>		6. Annual Report must be signed.*  Signature: Robert Parkins Name (type or print): Robert Parkins  Date: 07/29/2015 Title: Manager					
Processed 07/29/2015 * Electronically provided signatures are accepted as original signatures.							