

No. W 111603		Due no later than Mar 31, 2014		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 1. Mailing Address: Correct in this box if needed. SKEARY CUTZ, LLC TRACY SKEARYPACK 1269 CROWNHAVEN WAY STAR ID 83669		TRACY SKEARYPACK 1269 CROWNHAVEN WAY STAR ID 83669			
				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	
MANAGER	TRACY SKEARYPACK	1269 CROWNHAVEN WAY	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 111603		Signature: Tracy SkearyPack				Date: 03/28/2014	
		Name (type or print): Tracy SkearyPack				Title: Manager	
Processed 03/28/2014		* Electronically provided signatures are accepted as original signatures.					