

No. <b>W 67847</b>		<b>Due no later than Oct 31, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  APOCALYPSE, LLC CHRISTOPHER MANNING 419 SOUTH MAIN STREET PO BOX 265 TROY ID 83871		CHRISTOPHER MANNING 419 SOUTH MAIN STREET TROY ID 83871	
				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	CHRISTOPHER MANNING	419 SOUTH MAIN STREET	TROY	ID	83871
5. Organized Under the Laws of:  <b>ID W 67847</b>		6. Annual Report must be signed.* Signature: Christopher Manning Name (type or print): Christopher Manning  Date: 12/22/2016 Title: Member			
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.			