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|--|---------------------|--|---------------|--|---------|-------------|--|
| No. W 133157 | | Due no later than Jan 31, 2016 | | 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 | | 1. Mailing Address: Correct in this box if needed. WILDBEARY, LLC CHARLENE SHAVER PO BOX 625 HAYDEN ID 83835 | | LORRAINE MAYFIELD 362 E JEFFREY PINE LN COEUR D ALENE ID 83815 | | | |
| | | | | 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 | CHARLENE SHAVER | 3662 W PESCADOR DRIVE | COEUR D ALENE | ID | USA | 83815 | |
| MANAGER | LORRAINE C MAYFIELD | 362 E JEFFREY PINE LN | COEUR D ALENE | ID | USA | 83815 | |
| 5. Organized Under the Laws of: ID W 133157 | | 6. Annual Report must be signed.* Signature: Lorraine C Mayfield Name (type or print): Lorraine C Mayfield Date: 11/14/2015 Title: Owner/Manager | | | | | |
| Processed 11/14/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |