

No. <b>W 96255</b>	<b>Due no later than Sep 30, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HIGH END RIDES, LLC MICHAEL D DALESSI 482 8TH ST IDAHO FALLS ID 83401		MICHAEL DALESSI 482 8TH ST IDAHO FALLS ID 83401			
			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	MICHAEL D DALESSI	482 8TH STREET	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:  <b>ID W 96255</b>		6. Annual Report must be signed.* Signature: Michael D Dalessi Name (type or print): Michael D Dalessi Date: 08/21/2014 Title: Manager				
Processed 08/21/2014		* Electronically provided signatures are accepted as original signatures.				