

No. W 96255		Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HIGH END RIDES, LLC MICHAEL D DALESSI 482 8TH ST IDAHO FALLS ID 83401		MICHAEL DALESSI 482 8TH ST IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				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 MICHAEL D DALESSI	Street or PO Address 482 8TH STREET		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 96255		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.							