

No. W 54535	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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		PAMELA T HARVEY 218 HIGHLAND WAY VICTOR ID 83455			
	ONE TOUGH BABE, LLC KARI COPELAND PO BOX 985 DRIGGS ID 83422		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	KARI COPELAND	PO BOX 985	DRIGGS	ID		83422
5. Organized Under the Laws of: ID W 54535		6. Annual Report must be signed.* Signature: Kari Copeland Name (type or print): Kari Copeland Date: 10/01/2014 Title: Manager				
Processed 10/01/2014		* Electronically provided signatures are accepted as original signatures.				