No. **W 98659**	**Due no later than Dec 31, 2015** **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.** SCAR BLADES LLC CASEY G RADFORD 150 S CORNER AVE IDAHO FALLS ID 83402	JOSHUA LEWIS 328 N 3718 E RIGBY ID 83442 3. New 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	SHANE L RADFORD	3798 E LORNA	IDAHO FALLS	ID	USA	83401
MANAGER	CASEY G RADFORD	150 S CORNER AVE	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98659**	Signature: Marci Radford	Date: 10/16/2015
	Name (type or print): Marci Radford	Title: Office Manager

Processed 10/16/2015

* Electronically provided signatures are accepted as original signatures.