No. W 73020		Due no later than Apr 30, 2013		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. CUTTING EDGE FALLERS LLC DANIEL M GUFFIE 199 ROCKVIEW DR KAMIAH ID 83536 USA			DANIEL GUFFIE 199 ROCKVIEW DR KAMIAH ID 83536 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	ames and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MEMBER	DANIEL GUFFIE		199 ROCKVIEW DR	k	AMIAH	ID	USA	83536
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Daniel Guffie			Date: 02/20/2013			
W 73020		Name (type or print): Daniel Guffie			Title: Owner			
Processed 02/20/2013 * Electronically provided signatures are accepted as original signatures.								