No. **W 67847**	**Due no later than Oct 31, 2012**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** APOCALYPSE, LLC CHRISTOPHER MANNING 419 SOUTH MAIN STREET PO BOX 265 TROY ID 83871 USA	CHRISTOPHER MANNING 419 SOUTH MAIN STREET TROY ID 83871 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
MEMBER	CHRISTOPHER MANNING	419 S MAIN ST	TROY	ID	USA	83871

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67847**	Signature: Christopher Manning	Date: 12/14/2012
	Name (type or print): Christopher Manning	Title: Member

Processed 12/14/2012

* Electronically provided signatures are accepted as original signatures.