

No. W 94099	Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS CAUSEY 5250 E 65TH S IDAHO FALLS ID 83406																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KAMIKAZE LLC THOMAS CAUSEY 5250 E 65TH S IDAHO FALLS ID 83406		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Thomas Causey</td> <td>5250 E 65th S</td> <td>Idaho Falls</td> <td>ID</td> <td>US</td> <td>83406</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Thomas Causey	5250 E 65th S	Idaho Falls	ID	US	83406	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 94099		6. Signature: _____ Date: <u>7/31/18</u> Name (type or print): <u>Thomas Causey</u> Title: <u>Causey</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM