No. <b>W 115537</b>	Due no later than Jul 31, 2013	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	TIM KNOX
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	6865 N CALISPEL DR COEUR D ALENE ID 83815
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SKATE MANIFESTATION LLC TIM KNOX 6865 N CALISPEL DR	COEUR D'ALENE ID 83615
	COEUR D ALENE ID 83815	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	USA	
4. Limited Liability Companies: Enter I	lames and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER CHRISSY	KNOX 6865 CALISPEL DR	COEUR D'ALENE ID USA 83815
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Tim Knox	Date: 05/17/2013
W 115537	Name (type or print): Tim Knox	Title: Managing Member
Processed 05/17/2013	* Electronically provided signatures are accepted as original sign	natures.