No. W 67419		Due no later than Oct 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. SPEC-OPS, LLC JULIE BRADBURN 10272 N SKY MASTER DRIVE HAYDEN ID 83835 mes and Addresses of at least one Member or Manager.		2. Registered A	2. Registered Agent and Address (NO PO BOX) TODD R STAM 10272 N SKY MASTER DRIVE HAYDEN ID 83835 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar				10272 N SK				
				3. <u>New</u> Registe				
200 80 9	Name	nes and made ess.	Street or PO Address	City	State	Country	Postal Code	
	TODD R STAM CARY B SIMONDS		10272 N SKY MASTER DRIVE 10272 N SKY MASTER DRIVE	HAYDEN HAYDEN	ID ID	USA USA	83835 83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Julie Bradburn Date: 08/18/2014						
W 67419		Name (type o	Tit	Title: Office Manager				
Processed 08/18/2014 * Electronically provided signatures are accepted as original signatures.								