No. W 90256		Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A RANDOM ACT TAMARA HAR 3140 N 3569 I KIMBERLY ID	Annual Report Form 1. Mailing Address: Correct in this box if needed. RANDOM ACTS OF THEATRE PLAYERS LLC (THE) TAMARA HARMON 3140 N 3569 E KIMBERLY ID 83341 USA		TAMARA HARMON 3140 N 3569 E KIMBERLY ID 83341 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER TAMARA	ANN HARMON	3140 N 3569 E	KIMBERLY	ID	USA	83341		
5. Organized Under the Laws of: 6. Annual Report must		t must be signed.*						
ID	Signature: Ta	Signature: Tamara A Harmon			Date: 01/07/2016			
W 90256	Name (type o	Name (type or print): Tamara A Harmon		Title: Business Director				
Processed 01/07/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.						