

No. W 57323		Due no later than Dec 31, 2010		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		SHAWN WOLFE 3519 KIPLING RD BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		LYCAON CUSTOM LEATHERS, LLC SHAWN WOLFE 3519 KIPLING RD BOISE ID 83706					
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	
MANAGER	SHAWN WOLFE	3519 KIPLING RD	BOISE	ID	USA	83706	
5. Organized Under the Laws of: DE W 57323		6. Annual Report must be signed.* Signature: Shawn Wolfe Name (type or print): Shawn Wolfe Date: 11/03/2010 Title: Manager					
Processed 11/03/2010		* Electronically provided signatures are accepted as original signatures.					