


No. W 137199	Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JON COOPER 10 BEAR TOWN HORSESHOE BEND ID 83629
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. TACTICAL AUTO LLC JON COOPER 10 BEAR TOWN HORSESHOE BEND ID 83629		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jon Cooper	10 BEARTOWN,	HORSESHOE BEND,	ID	AHO	83629
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 137199 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Jon Cooper</u> </div> <div style="width: 35%;"> Date: <u>MAY 24 2015</u> <hr/> Title: <u>MANAGER</u> </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM