No. **W 102383**	**Due no later than Apr 30, 2014** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** LASER MANIA FAMILY FUN CENTER, LLC EDITH WAITE 1201 FILER AVE E TWIN FALLS ID 83301	RODNEY WAITE 229 E 500 N JEROME ID 83338 3. New Registered Agent Signature:*

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
MEMBER	EDITH A. WAITE	1201 FILER AVENUE EAST	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 102383**	Signature: Edith Waite	Date: 02/16/2014
	Name (type or print): Edith Waite	Title: Owner

Processed 02/16/2014

* Electronically provided signatures are accepted as original signatures.