

No. <b>W 116204</b>		<b>Due no later than Aug 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RED OCTOBER TAXIDERMY LLC THOMAS P CLANCY 2 S DEWEY LN NAMPA ID 83687		THOMAS CLANCY 840 N. WINDFLOWER AVE KUNA ID 83634			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	
MANAGER	THOMAS PATRICK CLANCY	840 N. WINDFLOWER AVE	KUNA	ID	USA	83634	
MANAGER	KARYS ARIANA CLANCY	840 N. WINDFLOWER AVE	KUNA	ID	USA	83634	
5. Organized Under the Laws of:  <b>ID</b> <b>W 116204</b>		6. Annual Report must be signed.*  Signature: Thomas Clancy Name (type or print): Thomas Clancy					
		Date: 07/31/2018 Title: Manager/Owner					
Processed 07/31/2018		* Electronically provided signatures are accepted as original signatures.					