No. <b>W 123393</b>		Due no later than Mar 31, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	ANDREW T PLATTE 312 S. FIRST AVE SANDPOINT ID 83864  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LOST CABIN STUDIOS, LLC  ROB STRANG  312 S. FIRST AVE.  SANDPOINT ID 83864					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER ROB STRAN		G 312 S. FIRST AVE.	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Andrew Platte	Date: 01/29/2014				
W 123393		Name (type or print): Andrew Platte	Title: Cpa				
Processed 01/29/2014 * Electronically provided signatures are accepted as original signatures.							