

No. W 28941	Due no later than Mar 31, 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. SHAKA, LLC MIKE SWOPE 2244 SWALLOWTAIL BOISE ID 83706		MICHAEL J SWOPE 2244 SWALLOWTAIL BOISE ID 83706			
			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	MICHAEL J SWOPE	2244 SWALLOWTAIL LANE B	BOISE	ID	USA	83706
MANAGER	MARY JANE SWOPE	2244 SWALLOWTAIL LANE	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 28941	6. Annual Report must be signed.* Signature: Michael J Swope Name (type or print): Michael J Swope		Date: 02/12/2014 Title: Manager			
Processed 02/12/2014		* Electronically provided signatures are accepted as original signatures.				