

No. **W 102003**Due no later than Apr 30, 2013
Annual Report Form

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.**SAFERIDE, LLC
GRIFFEY BIBEAU
1024 BROADWAY AVE
BOISE ID 837062. Registered Agent and Office
(**NOT A P.O. BOX**)GRIFFEY BIBEAU
1024 BROADWAY AVE
BOISE ID 837063. New 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"/>	GRIFFEY BIBEAU	3210 S. CAPISTRANO	BOISE, ID	83705		
---	----------------	--------------------	-----------	-------	--	--

Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID BIBEAU	1496 W. ST. PATRICK	BOISE, ID	83705		
---	--------------	---------------------	-----------	-------	--	--

Manager <input type="checkbox"/> Member <input type="checkbox"/>						
--	--	--	--	--	--	--

Manager <input type="checkbox"/> Member <input type="checkbox"/>						
--	--	--	--	--	--	--

5. Organized Under the Laws of:

IDAHO
W 102003

6.

Signature:



Date: 3/20/13

Name (type or print):

GRIFFEY BIBEAU

Title:

MANAGER

Issued 03/12/2013 by JL1

126827