No. **W 84617**	**Due no later than Jun 30, 2011** **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.** DOUBLE DROP TINE TAXIDERMY LLC BLAKE K CHARLES 21704 S LAKE ST MEDIMONT ID 83842	BLAKE CHARLES 44793 S HWY 3 ST MARIES ID 83861 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	BLAKE K CHARLES	44793 S HWY 3	ST MARIES	ID	USA	83861

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 84617**	Signature: Tami S Kraack	Date: 06/13/2011
	Name (type or print): Tami S Kraack	Title: Bookkeeper

Processed 06/13/2011

* Electronically provided signatures are accepted as original signatures.