No. W 130598		Due no later than Oct 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. CACOON YOGA LLC KATHERINE LOUISE MAGOLAN 1823 CONESTOGA ST. MOSCOW ID 83843		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1823 CONES	KATHERINE LOUISE MAGOLAN 1823 CONESTOGA ST MOSCOW ID 83843 3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KATHERINE	L MAGOLAN	1823 CONESTOGA ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: KATHERINE MAGOLAN Date: 09/25/2015				5		
W 130598		Name (type or print): KATHERINE MAGOLAN			Title: MRS			
Processed 09/25/2015 * Electronically provided signatures are accepted as original signatures.								