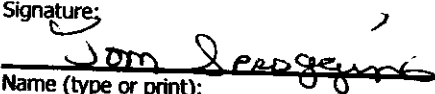
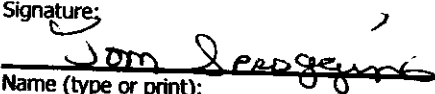
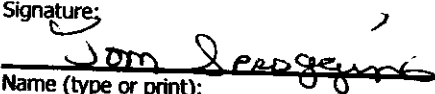


No. <b>W 26774</b>	<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  TOM SCROGGINS 58265 CEDAR POINT DR ROGERSON ID 83302
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  SACRED SOURCE, LLC 58265 CEDAR POINT DR ROGERSON ID 83302		3. <u>New</u> 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"/>	GARY THOMAS	2410 Gen Ave	Emmett	ID	America	83617
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Virginia Camacho	58310 Main Street	Rogerson	ID	America	83302
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TOM SCROGGINS	58265 Cedar Point Dr	Rogerson	ID	America	83302
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 26774</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:            11-16-2016         </td> </tr> <tr> <td>           Name (type or print):            Tom SCROGGINS         </td> <td>           Title:            MANAGER         </td> </tr> </table>	Signature: 	Date: 11-16-2016	Name (type or print): Tom SCROGGINS	Title: MANAGER
Signature: 	Date: 11-16-2016				
Name (type or print): Tom SCROGGINS	Title: MANAGER				

Issued 11/09/2016 by KAH

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