

No. W 130721	Due no later than Nov 30, 2016 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. SNAKE RIVER CRAWFISH CO, LLC WILLIAM N ADAMS II 5222 S 10TH AVE CALDWELL ID 83607 USA		WILLIAM N ADAMS II 5222 S 10TH AVE CALDWELL ID 83607			
			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
MEMBER	KARIE LYNN ADAMS	5222 S 10TH AVE	CALDWELL	ID	USA	83607
5. Organized Under the Laws of: ID W 130721		6. Annual Report must be signed.* Signature: William N Adams II Name (type or print): William N Adams II		Date: 10/03/2016 Title: Member		
Processed 10/03/2016		* Electronically provided signatures are accepted as original signatures.				