

No. **W 26774****Due no later than Nov 30, 2012
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.**SACRED SOURCE, LLC
58265 CEDAR POINT DR
ROGERSON ID 83302**2. Registered Agent and Office
(NOT A P.O. BOX)**TOM SCROGGINS
58265 CEDAR POINT DR
ROGERSON ID 83302**3. 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"/>	Tom Scroggins	58265 Cedar Point Dr	Rogerson	ID	America	83302
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Chris Adams	58265 Cedar Point Dr	Rogerson	ID	America	83302
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Grant Peterson	725 E. 17th St	Burley	ID	America	83318
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gary Thomas	2410 Gen Ave	Emmett	ID	America	83617

5. Organized Under the Laws of:**IDAHO
W 26774****6.**

Signature:

Name (type or print):

Date:

Title:

Tom Scroggins**MANAGER**

Issued 10/24/2012 by LJC

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