No. **W 81075**	**Due no later than Feb 28, 2014** **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.** PARK - N - SON'S ARCHERY, LLC THOMAS A PARKINSON 975 PHEASANT CT MOUNTAIN HOME ID 83647	CELIA PARKS 440 N 6TH E MOUNTAIN HOME ID 83647 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
MANAGER	THOMAS A PARKINSON	975 PHEASANT CT	MOUNTAIN HOME	ID	USA	83647

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 81075**	Signature: Thomas A Parkinson	Date: 01/08/2014
	Name (type or print): Thomas A Parkinson	Title: Manager

Processed 01/08/2014

* Electronically provided signatures are accepted as original signatures.