No. W 102383		Due no later than Apr 30, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RODNEY WAITE 229 E 500 N JEROME 83338 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LASER MANIA FAMILY FUN CENTER, LLC EDITH WAITE 1201 FILER AVE E TWIN FALLS ID 83301						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER EDITH A. WAITI		AITE	1201 FILER AVENUE EAST		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Edith Waite			Date: 04/18/2015			
W 102383		Name (type or print): Edith Waite			Title: Owner			
Processed 04/18/2015 * Electronically provided signatures are accepted as original signatures.								