No. W 95957	Due no later than Aug 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	LUKE MACD	ONALD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. STRIKE, LLC JAMIE R MACDONALD PO BOX 3446		HAILEY ID	68 PIONEER VIEW DR. HAILEY ID 83333 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	HAILEY ID 83	333	3. <u>New</u> Registe	red Agent Si	gnature.		
4. Limited Liability Companies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JAMIE R MA	ACDONALD	P.O. BOX 3446	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:	6. Annual Report	must be signed.*					
ID	Signature: Jan		Date: 07/09/2012				
W 95957	Name (type or print): Jamie R Macdonald			Title: Manager			
Processed 07/09/2012	* Electronically provided signatures are accepted as original signatures.						