No. W 98659		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. SCAR BLADES LLC CASEY G RADFORD 150 S CORNER AVE IDAHO FALLS ID 83402		JOSHUA LEWIS 328 N 3718 E RIGBY ID 83442 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SCAR BLADES CASEY G RAI 150 S CORNEI						
NO FILING FEE IF USA RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	lames and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SHANE L MANAGER CASEY G		3798 E LORNA 150 S CORNER AVE	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83402	
5. Organized Under the Laws of: 6. Annual Repo		t must be signed.*					
ID	Signature: Marci Radford		Date	Date: 10/11/2011			
W 98659	Name (type o	Name (type or print): Marci Radford		Title: Office Manager			
Processed 10/11/2011	* Electronically p	* Electronically provided signatures are accepted as original signatures.					