

No. W 90104		Due no later than Jan 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SKYLINE TAXIDERM MY LLC BLAZE SOLOMON 293 WILLOW LN 83245 INKOM ID 83245		BLAZE SOLOMON 293 WILLOW LANE INKOM ID 83245			
				3. <u>New</u> 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	
MEMBER	BLAZE SOLOMON	293 WILLOW LANE	INKOM	ID	USA	83245	
5. Organized Under the Laws of: ID W 90104		6. Annual Report must be signed.* Signature: Blaze Solomon Name (type or print): Blaze Solomon Date: 11/19/2013 Title: Member					
Processed 11/19/2013		* Electronically provided signatures are accepted as original signatures.					