No. W 124843 Return to:		Due no later than May 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. BLIND AUTHORITY, LLC BLIND AUTHORITY LLC PO BOX 926 HAYDEN ID 83835		2. Registered Agent and Address (NO PO BOX) JIM FREEMAN 1255 EDGEWOOD CIRCLE COEUR D ALENE ID 83815 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JIM FREEMAN		N	1255 EDGEWOOD CIRCLE	COEURDALENE	ID	USA	83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jim Freeman		Date: 06/01/2015			
W 124843		Name (type or print): Jim Freeman		Title: Manager			
Processed 06/01/2015		* Electronically provided signatures are accepted as original signatures.					