

No. W 26266	Due no later than Oct 31, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. TWO FINGER KNIFE, LLC ZANE R SCHENK 4570 N. HAROLDSSEN DR IDAHO FALLS ID 83401		NORMAN F SCHENK 394 N WESTRIDGE DR IDAHO FALLS ID 83402			
			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	NORMAN F SCHENK	394 N WESTRIDGE DR	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID W 26266		6. Annual Report must be signed.* Signature: Zane R. Schenk Name (type or print): Zane R. Schenk		Date: 09/23/2016 Title: CEO		
Processed 09/23/2016		* Electronically provided signatures are accepted as original signatures.				