No. **W 75206**	**Due no later than Jun 30, 2016**	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.** COLE CREEK TAXIDERMY LLC RULON JONES PO BOX 472 FIRTH ID 83236	RULON JONES 122 S. MAIN FIRTH ID 83236 3. New 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
MANAGER	RULON JONES	122 S MAIN	FIRTH	ID		83236
MANAGER	KATHY JONES	122 S MAIN	FIRTH	ID		83236

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 75206**	Signature: Rulon Jones	Date: 04/25/2016
	Name (type or print): Rulon Jones	Title: owner/manager

Processed 04/25/2016

* Electronically provided signatures are accepted as original signatures.