

|                                                                                                                                                        |                    |                                                                                                                                                                                                   |             |                                                              |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------------------|
| No. <b>W 7547</b>                                                                                                                                      |                    | Due no later than Dec 31, 2014                                                                                                                                                                    |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ZIPPEDY MANAGEMENT, LLC<br>JANICE MCGEACHIN<br>1410 N SKYLINE DR<br>IDAHO FALLS ID 83402<br>USA |             | JANICE K MCGEACHIN<br>1410 N SKYLINE DR<br>IDAHO FALLS 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 |
| MANAGER                                                                                                                                                | JANICE K MCGEACHIN | 1410 N SKYLINE DR                                                                                                                                                                                 | IDAHO FALLS | ID                                                           | 83402               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 7547</b>                                                                                            |                    | 6. Annual Report must be signed.*<br>Signature: Janice K. McGeachin<br>Name (type or print): Janice K. McGeachin<br>Date: 12/30/2014<br>Title: Manager                                            |             |                                                              |                     |
| Processed 12/30/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |             |                                                              |                     |