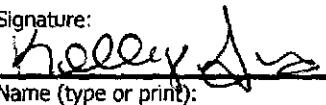
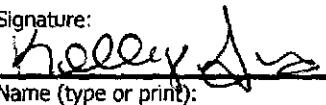
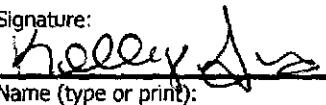


No. W 161778		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																					
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WILDFIRE CUSTOM HORSE ACCESSORIES, LLC SARA GRONBERG Kelly Jones 14057 BLACKHAWK LANE 44945 Dupree Rd. CALDWELL ID 83607 Altoona, FL 32702		JENNIFER WELBORN 1058 JUSTIN PLACE MERIDIAN ID 83646  Kassie Terry 16653 Berkley Ave. Caldwell, ID 83607																																					
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature.  																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																									
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kelly Jones</td> <td>44945 Dupree Rd., Altoona, FL 32702</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kelly Jones	44945 Dupree Rd., Altoona, FL 32702					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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