

No. W 84617		Due no later than Jun 30, 2010		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. DOUBLE DROP TINE TAXIDERMY LLC BLAKE K CHARLES 21704 S LAKE ST MEDIMONT ID 83842		BLAKE CHARLES 44793 S HWY 3 ST MARIES ID 83861	
				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	BLAKE K CHARLES	44793 S HWY 3	ST MARIES	ID	USA 83861
5. Organized Under the Laws of: ID W 84617		6. Annual Report must be signed.* Signature: Blake Chalres Name (type or print): Blake Chalres Date: 06/10/2010 Title: Member			
Processed 06/10/2010		* Electronically provided signatures are accepted as original signatures.			