No. W 106755		Due no later than Sep 30, 2012		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. RIVERSIDE TAXIDERMY & FISH STUDIO, LLC. CINDY M. PEARCE PO BOX 43 99 SALMON RIVER DR. CLAYTON ID 83227-0043 USA		CINDY M PEARCE 99 SALMON RIVER DR CLAYTON ID 83227-0043 3. New Registered Agent Signature:*											
								4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	RICK R. PE	ARCE	99 SALMON RIVER DR. PO BOX 43	CLAYTON	ID	USA	83227-0043								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID		Signature: Cindy M. Pearce		Date: 10/08/2012											
W 106755		Name (type or p	Title: Member												
Processed 10/08/2012 * Electronically provided signatures are accepted as original signatures.															