

No. <b>W 34580</b>		<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GARGLEFISH, LLC LYNETTE C BRICE 233 E JACKSON AVE PRIEST RIVER ID 83856		LYNETTE C BRICE 233 E JACKSON AVE PRIEST RIVER 83856			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	LYNETTE C BRICE	PO BOX 1740	PRIEST RIVER	ID	83856		
MEMBER	DAVID A BRICE	PO BOX 1740	PRIEST RIVER	ID	83856		
5. Organized Under the Laws of:  <b>ID</b> <b>W 34580</b>		6. Annual Report must be signed.*  Signature: David A Brice Name (type or print): David A Brice					
		Date: 10/31/2014 Title: member					
Processed 10/31/2014		* Electronically provided signatures are accepted as original signatures.					