

No. W 95639		Due no later than Aug 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. DAMIEN LLC DEVIN ORTON 940 EAST CAROL ST MERIDIAN ID 83646		DEVIN ORTON 940 EAST CAROL ST MERIDIAN ID 83646			
				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	DEVIN ORTON	1003 N ORCHARD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 95639		Signature: Devin Orton				Date: 06/25/2015	
		Name (type or print): Devin Orton				Title: manager	
Processed 06/25/2015		* Electronically provided signatures are accepted as original signatures.					