

No. <b>W 37023</b>	<b>Due no later than Feb 29, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		BRUCE WEAVER 1619 BROOKFIELD CT TWIN FALLS ID 83301-8330			
	OUTLET FIREWORKS, LLC BRUCE J WEAVER 1619 BROOKFIELD CT TWIN FALLS ID 83301		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	BRUCE J WEAVER	1619 BROOKFIELD COURT	TWIN FALLS	ID		83301
MEMBER	DAVID B WEAVER	3054 N 34222 E	KIMBERLY	ID	USA	83341
MEMBER	PHYLLIS M WEAVER	1619 BROOKFIELD CT	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 37023</b>	6. Annual Report must be signed.*					
		Signature: Bruce Weaver	Date: 02/14/2016			
		Name (type or print): Bruce Weaver	Title: member			
Processed 02/14/2016		* Electronically provided signatures are accepted as original signatures.				