

No. W 94319		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. DUALITY LLC TORI FOLEY PO BOX 314 DRIGGS ID 83422		TRAVIS FOLEY 3772 SADDLE BLUFF TRAIL TETONIA ID 83452			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TORI FOLEY	3772 SADDLE BLUFF TRAIL	TETONIA	ID	USA	83452	
MEMBER	TRAVIS FOLEY	3772 SADDLE BLUFF TRAIL	TETONIA	ID	USA	83452	
5. Organized Under the Laws of: ID W 94319		6. Annual Report must be signed.* Signature: TORI FOLEY Name (type or print): TORI FOLEY					
		Date: 06/25/2015 Title: V PRESIDENT					
Processed 06/25/2015 * Electronically provided signatures are accepted as original signatures.							