

No. <b>W 61324</b>		<b>Due no later than Apr 30, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  RED CAP, L.L.C. MICHAEL D TRAVELLER PO BOX 249 TWIN FALLS ID 83303-0249 USA		C ALAN HORNER 383 SHOSHONE ST NORTH TWIN FALLS 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
MANAGER	C ALAN HORNER	PO BOX 249	TWIN FALLS	ID	83303-0249
5. Organized Under the Laws of:  <b>ID W 61324</b>		6. Annual Report must be signed.* Signature: Michael D Traveller Name (type or print): Michael D Traveller Date: 04/03/2015 Title: Accountant			
Processed 04/03/2015		* Electronically provided signatures are accepted as original signatures.			