

No. W 61324		Due no later than Apr 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. 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		
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 MANAGER	Name C ALAN HORNER	Street or PO Address PO BOX 249	City TWIN FALLS	State ID	Country	Postal Code 83303-0249
5. Organized Under the Laws of: ID W 61324		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.						