

No. W 140025	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DARIN DEANGELI 250 S 5TH ST STE 660 BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BLUE MOON PRODUCTIONS, LLC LINDA PAYNE SMITH 2960 E MIGRATORY DR BOISE ID 83706		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeffrey K Smith	2960 E Migratory DR	Boise	Id	USA	
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Linda Payne Smith					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 140025</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding: 5px;"> Signature: <i>Jeffrey K Smith</i> </td> <td style="width: 40%; border-bottom: 1px solid black; padding: 5px;"> Date: <i>5/19/15</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;"> Name (type or print): <i>Jeffrey K Smith</i> </td> <td style="border-bottom: 1px solid black; padding: 5px;"> Title: <i>member/manager</i> </td> </tr> </table>	Signature: <i>Jeffrey K Smith</i>	Date: <i>5/19/15</i>	Name (type or print): <i>Jeffrey K Smith</i>	Title: <i>member/manager</i>
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