No. <b>W 130598</b>		Due no later than Oct 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KATHERINE	KATHERINE LOUISE MAGOLAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CACOON YOGA LLC  KATHERINE LOUISE MAGOLAN  695 STYNER AVE APT 10  MOSCOW ID 83843		MOSCOW	1823 CONESTOGA ST MOSCOW 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code	
MANAGER KA	ATHERINE	L MAGOLAN	1823 CONESTOGA ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kath		Date: 11/11/2014				
W 130598		Name (type or		Title: Owner				
Processed 11/11/2014 * Electronically provided signatures are accepted as original signatures.								