No. W 17181		D	ue no later than Nov 30, 2011	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. FOG CUTTERS DISTRIBUTING, LLC RICHARD HAMMOND 738 NORTH COLLEGE RD STE C TWIN FALLS ID 83301		720 NODTU 6	RICHARD HAMMOND 738 NORTH COLLEGE RD TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	RICHARD HAMMOND ERIC R CLARK		25 NIELSON LN 339 MONROE WY	HANSEN TWIN FALLS	ID ID	USA USA	83334 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 17181		Signature: richard Hammond			Date: 11/05/2011			
		Name (type	or print): richard Hammond		Title: Member			
Processed 11/05/2011		* Electronically	provided signatures are accepted as origina	l signatures.				