No. W 110822		Due no later than Feb 28, 2014		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. FUNCTIONAL TONGUE LLC CECILIA HICKAM PO BOX 97 SWEET ID 83670			CECILIA HICKMAN 9650 N HWY 52 HORSESHOE BEND ID 83629 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Fater Nar		mes and Address	es of at least one Member or Manager.					
Office Held	Name	inics and Address	Street or PO Address		City	State	Country	Postal Code
MANAGER	CECILIA HICKAM		PO BOX 97		SWEET	ID	USA	83670
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 110822		Signature: Cecilia Hickam			Date: 02/23/2014			
		Name (type o	Title: Manager					
Processed 02/23/2014 * Electronically provided signatures are accepted as original signatures.								