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|--|--------------------|--|------------|--|---------|-------------|--|
| No. W 29132 | | Due no later than Mar 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RED COAT, LLC CYNTHIA G KOFFER 624 PIERCE ST TWIN FALLS ID 83301 USA | | FREDERICK B WALKER 624 PIERCE ST TWIN FALLS ID 83301 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | FREDERICK B WALKER | 624 PIERCE ST | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | CYNTHIA G KOFFER | 624 PIERCE ST | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 29132 | | 6. Annual Report must be signed.* Signature: Cynthia G. Koffer Name (type or print): Cynthia G. Koffer | | | | | |
| | | Date: 01/27/2014 Title: Member | | | | | |
| Processed 01/27/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |