

No. W 26774	Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM SCROGGINS 58265 CEDAR POINT DR ROGERSON ID 83302
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. SACRED SOURCE, LLC 58265 CEDAR POINT DR ROGERSON ID 83302		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 type="checkbox"/>	Virginia Canales	58310 Mansford Rogerson ID America	83302
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tom Scroggins	58265 Cedar Point DR Rogerson ID America	83302
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gary Thomas	2410 Gem Ave Emmett ID America	83617
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 26774 </div>		6. Signature: <u>Tom Scroggins</u> Name (type or print): <u>Tom SCROGGINS</u> Date: <u>11-17-2017</u> Title: <u>MANAGER</u>	
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