




No. W 84837	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KATHY M MEZIN 11325 S CLOVERDALE RD KUNA ID 83634				
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. KATHY'S SHOW TACK, LLC. 11325 S CLOVERDALE RD KUNA ID 83634		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"/>	Kathy Mezin	11325 S. Cloverdale Rd.	Kuna ID USA 83634				
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 84837 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Signature: </td> <td style="border: none; text-align: right;">Date: 4-21-12</td> </tr> <tr> <td style="border: none;">Name (type or print): Kathy Mezin</td> <td style="border: none; text-align: right;">Title: Manager</td> </tr> </table>		Signature: 	Date: 4-21-12	Name (type or print): Kathy Mezin	Title: Manager
Signature: 	Date: 4-21-12						
Name (type or print): Kathy Mezin	Title: Manager						
Issued 04/16/2012 by JL1			106468				