

No. W 62983		Due no later than May 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. SHAKE OUT LLC MERILEE WATERS 1643 HARRISON ST. SOUTH TWIN FALLS ID 83301 USA		MERILEE WATERS 1186 KIMBERLY RD 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	MERILEE WATERS	1643 HARRISON ST. SOUTH	TWIN FALLS	ID	USA	83301	
MEMBER	HAROLD WATERS	1643 HARRISON ST S	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 62983		6. Annual Report must be signed.* Signature: Merilee Waters Name (type or print): Merilee Waters Date: 05/28/2014 Title: Owner					
Processed 05/28/2014		* Electronically provided signatures are accepted as original signatures.					