No. **W 97586**	**Due no later than Oct 31, 2015**	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.** STOCKMAN'S RESTAURANT OF BLACKFOOT, LLC MELISSA D SWAIN 340 WEST JUDICIAL ST. #4 BLACKFOOT ID 83221 USA	MELISSA SWAIN 6237 E PARTRIDGE CT AMMON ID 83401 3. New 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	MELISSA D SWAIN	6237 E. PARTRIDGE CT	AMMON	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97586**	Signature: Melissa Swain	Date: 11/24/2015
	Name (type or print): Melissa Swain	Title: Owner

Processed 11/24/2015

* Electronically provided signatures are accepted as original signatures.