

No. <b>W 94954</b>		<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ALL CAST, LLC BRAIDE SESSIONS 15 W MAIN ST REXBURG ID 83440		BRAIDE SHAE SESSIONS 3181 BUMP T RD ASHTON ID 83420			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BRAIDE S SESSIONS	Street or PO Address 3181 BUMP T RD		City ASHTON	State ID	Country USA	Postal Code 83420
5. Organized Under the Laws of:  <b>ID</b> <b>W 94954</b>		6. Annual Report must be signed.*  Signature: R. Bradley Smith Name (type or print): R. Bradley Smith  Date: 06/15/2015 Title: cpa					
Processed 06/15/2015      * Electronically provided signatures are accepted as original signatures.							