

No. W 39820	Due no later than May 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. SHEEPSKIN HEADQUARTERS LLC SUSAN STALLINGS PO BOX 409 MOYIE SPRINGS ID 83845		SUSAN STALLINGS 655 SILVER SPRINGS ROAD MOYIE SPRINGS ID 83845			
			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
MANAGER	SUSAN STALLINGS	PO BOX 409	MOYIE SPRINGS	ID		83845
MANAGER	ROY E STALLINGS	PO BOX 409	MOYIE SPRINGS	ID		83845
5. Organized Under the Laws of: ID W 39820	6. Annual Report must be signed.* Signature: Susan Stallings Name (type or print): Susan Stallings		Date: 06/08/2015 Title: Manager			
Processed 06/08/2015		* Electronically provided signatures are accepted as original signatures.				