

No. W 58716	Due no later than Jan 31, 2014 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.		NOEL BRUCE COOK 925 8TH ST IDAHO FALLS ID 83401			
	SAINTS IMAGINATION LLC. NOEL B COOK 925 8TH ST IDAHO FALLS ID 83401		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	JOSHUA BRUCE COOK	3172 CHASEWOOD DR	AMMON	ID	USA	83406
MANAGER	TERRY LEE MEIKLE	1880 CURLEW DR	AMMON	ID	USA	83406
MEMBER	SUSAN K COOK	925 8TH ST	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 58716	6. Annual Report must be signed.*					
Signature: noel B Cook		Date: 01/01/2014				
Name (type or print): noel B Cook		Title: Registered Agent				
Processed 01/01/2014		* Electronically provided signatures are accepted as original signatures.				