No. W 180727	D	Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAGEDBULL ENTERTAINMENT, LLC 1519 KIMBERLY RD TWIN FALLS ID 83301		MARVIN ANDREW PIERCE 4105 CREEK MESA DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CAGEDBULL I 1519 KIMBER						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARVIN	A. PIERCE	4105 CREEK MESA DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID Signature: Marvin A. Pierce		Narvin A. Pierce	Date: 03/25/2018				
W 180727	Name (type	or print): Marvin A. Pierce		Title: Member			
Processed 03/25/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					