No. W 37023		Due no	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BRUCE WEAV	BRUCE WEAVER 1619 BROOKFIELD CT TWIN FALLS ID 83301-8330 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OUTLET FIREWORKS, LLC DAVID B WEAVER 3054 N 3422 E KIMBERLY ID 83341 USA		TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	nes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER BRUCE J WEAVER MEMBER DAVID B WEAVER MEMBER PHYLLIS M WEAVER		1619 BROOKFIELD COURT 3054 N 3422 E 1619 BROOKFIELD CT	TWIN FALLS KIMBERLY TWIN FALLS	ID ID ID	USA USA	83301 83341 83301		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bruce J		Date: 02/12/2018				
W 37023		Name (type or prin		Title: Member				
Processed 02/12/2018	* Electronically provided signatures are accepted as original signatures.							