

No. W 15333		Due no later than May 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ELMER C. BLAIKIE II, L.L.C. ELMER C BLAIKIE 320 MAIN AVE NORTH TWIN FALLS ID 83301		ELMER C BLAIKIE II 320 MAIN AVE NORTH TWIN FALLS ID 83301	
				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	ELMER C BLAIKIE II	3247 LAURELWOOD DR	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 15333		6. Annual Report must be signed.* Signature: E. Blaikie Name (type or print): E. Blaikie Date: 04/02/2014 Title: Manager			
Processed 04/02/2014		* Electronically provided signatures are accepted as original signatures.			