No. <b>W 97483</b>		Due no later than Oct 31, 2013		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KRZYSZTOF MACHON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ELEPHANT & CO. LLC CHRIS MACHON 305 E TRAILSIDE DR EAGLE ID 83616		_	305 E TRAILSIDE DR EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	panies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MANAGER CHRIS M MACHON		305 E. TRAILSIDE DR		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Chris Machon			Date: 11/07/2013			
W 97483		Name (type or print): Chris Machon			Title: Manager			
Processed 11/07/2013 * Electronically provided signatures are accepted as original signatures.								