

No. W 116204		Due no later than Aug 31, 2016		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. RED OCTOBER TAXIDERM MY LLC THOMAS P CLANCY 2 S DEWEY LN NAMPA ID 83687		THOMAS CLANCY 840 N. WINDFLOWER AVE KUNA ID 83634			
				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	THOMAS PATRICK CLANCY	840 N. WINDFLOWER AVE	KUNA	ID	USA	83634	
MANAGER	KARYS ARIANA CLANCY	840 N. WINDFLOWER AVE	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID W 116204		6. Annual Report must be signed.* Signature: Thomas P Clancy Name (type or print): Thomas P Clancy					
		Date: 06/28/2016 Title: Manager					
Processed 06/28/2016		* Electronically provided signatures are accepted as original signatures.					