

No. <b>W 114967</b>	<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  STRIGIDAE, LLC WILLIAM ROSS ELDER 1219 S CHALLIS ST UNIT C SALMON ID 83467		WILLIAM R ELDER 1219 S CHALLIS ST UNIT C SALMON ID 83467			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name WILLIAM ROSS ELDER	Street or PO Address 206 DAHLE AV.	City SALMON	State ID	Country USA	Postal Code 83467
5. Organized Under the Laws of:  <b>ID</b> <b>W 114967</b>	6. Annual Report must be signed.*  Signature: William R Elder Name (type or print): William R Elder  Date: 06/22/2016 Title: Manager					
Processed 06/22/2016	* Electronically provided signatures are accepted as original signatures.					