No. <b>W 17168</b>		e no later than Nov 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	AN ANNUAL PROPERTY OF THE PROP	PATRICIA M (SHELLEY) WORMSBAKER			
SECRETARY OF STATE	1. Mailing Ac	1. Mailing Address: Correct in this box if needed.		1532 KIMBERLY RD TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WORMO'S RACK'EM AND CRACK'EM, L.L.C. PATRICIA M WORMSBAKER 3770 NORTH 3700 EAST		I WIN FALLS				
	KIMBERLY ID	KIMBERLY ID 83341					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	Names and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER PATRICIA WORMSBA	M (SHELLEY) AKER	3770 NORTH 3700 EAST	KIMBERLY	ID		83341	
5. Organized Under the Laws of: 6. Annual Report m		must be signed.*					
ID	Signature: Patricia Wormsbaker		Date: 12/21/2016				
W 17168	Name (type or	Name (type or print): Patricia Wormsbaker		Title: Manager/Owner			
Processed 12/21/2016	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					