No. W 133766		Due no later than Jan 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. MAD SIGNS LLC CLIFTON K SWAN 712 5TH ST NORTH NAMPA ID 83687			2. Registered Agent and Address (NO PO BOX) CLIFTON K SWAN 712 5TH ST NORTH NAMPA ID 83687-8368 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				712 5TH ST NAMPA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CLIFTON K	SWAN	712 5TH STREET NORTH	Nampa	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cliftor		Date: 12/10/2015				
W 133766		Name (type or pr		Title: Manager				
Processed 12/10/2015	ocessed 12/10/2015 * Electronically provided signatures are accepted as original signatures.							