No. <b>W 95957</b>		Due no later than Aug 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  STRIKE, LLC JAMIE R MACDONALD PO BOX 3446 HAILEY ID 83333		2. Registered	2. Registered Agent and Address (NO PO BOX)  LUKE MACDONALD 68 PIONEER VIEW DR. HAILEY ID 83333  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				68 PIONEER				
				3. <u>New</u> Registe				
4. Limited Liability Cor	mpanies: 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 Member	JAMIE R MA CAMERON L	ACDONALD . MACDONALD	68 PIONEER VIEW DR. 68 PIONEER VIEW DRIVE	HAILEY HAILEY	ID ID	USA USA	83333 83333-3446	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 95957		Signature: jamie R Macdonald			Date: 08/05/2018			
		Name (type or print): jamie R Macdonald			Title: owner/Manager			
Processed 08/05/2018	8	* Electronically prov	rided signatures are accepted as origina	al signatures.				