

No. <b>W 141385</b>		<b>Due no later than Aug 31, 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>  AKAITIKKA, LLC A BRUCE LARSON 317 W. ELKHORN ROAD SALMON ID 83468		A BRUCE LARSON 317 W. ELKHORN ROAD SALMON ID 83467-8320			
<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 MEMBER	Name A. BRUCE LARSON	Street or PO Address 317 W ELKHORN ROAD		City SALMON	State ID	Country USA	Postal Code 83456
5. Organized Under the Laws of:  <b>ID</b> <b>W 141385</b>		6. Annual Report must be signed.*  Signature: A. Bruce Larson Name (type or print): A. Bruce Larson  Date: 06/27/2016 Title: member					
Processed 06/27/2016 * Electronically provided signatures are accepted as original signatures.							