No. **W 97483**	**Due no later than Oct 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ELEPHANT & CO. LLC CHRIS MACHON 305 E TRAILSIDE DR EAGLE ID 83616	KRZYSZTOF MACHON 305 E TRAILSIDE DR EAGLE ID 83616 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CHRIS M MACHON	305 E. TRAILSIDE DR	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97483**	Signature: Chris Machon	Date: 09/09/2014
	Name (type or print): Chris Machon	Title: Manager

Processed 09/09/2014

* Electronically provided signatures are accepted as original signatures.