No. **W 60387**	**Due no later than Mar 31, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GT SHADOW LLC MICHELLE KRECZKOWSKI PO BOX 666 BELLEVUE ID 83313	MICHELLE KRECZKOWSKI 99 MULDOON CANYON RD BELLEVUE ID 83313 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	MICHELLE KRECZKOWSKI	PO BOX 666	BELLEVUE	ID	USA	83313
MEMBER	JOHN KRECZKOWSKI	PO BOX 666	BELLEVUE	ID	USA	83313

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 60387**	Signature: Michelle Kreczkowski	Date: 04/13/2014
	Name (type or print): Michelle Kreczkowski	Title: Manager

Processed 04/13/2014

* Electronically provided signatures are accepted as original signatures.