| No. **W 90104** | **Due no later than Jan 31, 2018**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>SKYLINE TAXIDERMY LLC<br>BLAZE SOLOMON<br>293 WILLOW LN<br>INKOM ID 83245 | BLAZE SOLOMON<br>293 WILLOW LANE<br>INKOM ID 83245<br><br>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 | BLAZE SOLOMON | 293 WILLOW LANE | INKOM | ID | USA | 83245 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 90104** | Signature: Blaze Solomon | Date: 12/20/2017 |
| | Name (type or print): Blaze Solomon | Title: Owner |

Processed 12/20/2017

* Electronically provided signatures are accepted as original signatures.