

No. <b>W 106755</b>		<b>Due no later than Sep 30, 2014</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>  RIVERSIDE TAXIDERMY & FISH STUDIO, LLC. CINDY M. PEARCE PO BOX 653 616 NORTH STREET FILER ID 83328-0043 USA		CINDY M PEARCE 616 NORTH STREET FILER ID 83328-0043			
<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 RICK R. PEARCE	Street or PO Address 99 SALMON RIVER DR. PO BOX 43		City CLAYTON	State ID	Country USA	Postal Code 83227-0043
5. Organized Under the Laws of:  <b>ID</b> <b>W 106755</b>		6. Annual Report must be signed.*  Signature: Cindy M. Pearce Name (type or print): Cindy M. Pearce  Date: 09/28/2014 Title: Member					
Processed 09/28/2014      * Electronically provided signatures are accepted as original signatures.							