No. W 82215		Due no later than Mar 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. BAIL BONDS LLC JOHN BLAKE 500 W. IDAHO STREET SUITE 200 BOISE ID 83702		2	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					JOHN BLAKE 500 WEST IDAHO #200 BOISE ID 83702 3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	nes and Addresses of at le	ast one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER JOHN M BLA		AKE	6001 RANDOLPH DR		BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 82215		6. Annual Report must be signed.* Signature: John M. Blake Name (type or print): John M. Blake			Date: 02/12/2014 Title: Manager			
Processed 02/12/2014 * Electronically provided signatures are accepted as original signatures.								