No. W 62983		Due no later than May 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHAKE OUT LLC MERILEE WATERS 1643 HARRISON ST. SOUTH TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) MERILEE WATERS 1186 KIMBERLY RD TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1186 KIMBER TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.						
Office Held Name		nes and Addresses (Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	MERILEE WATERS HAROLD WATERS		1643 HARRISON ST. SOUTH 1643 HARRISON ST S	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 62983		Signature: Merilee Waters			Date: 06/19/2018			
		Name (type or p		Title: owner				
Processed 06/19/2018		* Electronically prov	ided signatures are accepted as original	signatures.				