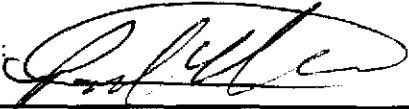


No. W 52507	Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PAUL VIERRA 475 HWY 55 HORSESHOE BEND ID 83629
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RAGING BULL, LLC PAUL VIERRA PO BOX 178 HORSESHOE BEND ID 83629		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Paul Vierra</i> <i>PO Box 207</i> <i>HSB</i> <i>ID</i> <i>USA</i> <i>83629</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Lester Lee</i> <i>17381 N. midsummer Ln</i> <i>Nampa</i> <i>ID</i> <i>USA</i> <i>83687</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 52507 </div>		6. Signature:  <hr/> Name (type or print): <i>Paul Vierra</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <i>5-20-14</i> Title: <i>President/owner</i> </div> </div>	
Issued 05/14/2014 by SLD			

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Some information may not be altered through the use of this form. Pay special attention to the mailing address. If the