

No. <b>W 39109</b>	<b>Due no later than May 31, 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  SIX PACK LLC LARRY DIXON PO BOX 561 BELLEVUE ID 83313 USA		LARRY D DIXON 521 N 7TH BELLVUE ID 83313			
			3. <u>New</u> 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	LARRY DIXON	PO BOX 561	BELLEVUE	ID	USA	83313
MANAGER	CONNIE J DIXON	995 E GARFIELD	GLENN'S FERRY	ID	USA	83623
5. Organized Under the Laws of:  <b>ID W 39109</b>	6. Annual Report must be signed.* Signature: Larry Dixon Name (type or print): Larry Dixon		Date: 03/24/2014 Title: Manager			
Processed 03/24/2014		* Electronically provided signatures are accepted as original signatures.				