

No. <b>J 2437</b>	<b>Due no later than Oct 31, 2015</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> EAST FORK TAXIDERM LLP PO BOX 605 BOVILL ID 83806		MICHELLEROSE M CORKER 1201 E FORK RD BOVILL ID 83806			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	MICHELLEROSE M CORKER	PO BOX 605	BOVILL	ID		83806
PARTNER	RAYMOND L KERNS	PO BOX 605	BOVILL	ID		83806
5. Organized Under the Laws of:  <b>ID J 2437</b>	6. Annual Report must be signed.* Signature: michellerose corker Name (type or print): michellerose corker		Date: 12/30/2015 Title: partner			
Processed 12/30/2015		* Electronically provided signatures are accepted as original signatures.				