No. W 67847 Return to:		Due no later than Oct 31, 2008 Annual Report Form 1. Mailing Address: Correct in this box if needed. APOCALYPSE, LLC CHRISTOPHER MANNING 419 SOUTH MAIN STREET PO BOX 265 TROY ID 83871 USA			Registered Agent and Address (NO PO BOX) CHRISTOPHER MANNING			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				419 S MAI TROY ID	419 S MAIN ST TROY ID 83871 3. New Registered Agent Signature:*			
4. Limited Liability Companie	s: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER C	CHRISTOPHER MANNING		419 SOUTH MAIN STREET	TROY	ID	USA	83871	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 67847		Signature: Christopher Manning Date: 11/10/2008					3	
		Name (type or		Title: Member				
Processed 11/10/2008		* Electronically provided signatures are accepted as original signatures.						