No. W 36097	Г	Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form GUY F ISOM					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SHADOW MO GUY F ISON 1330 N 45 W	1. Mailing Address: Correct in this box if needed. SHADOW MOUNTAIN FORGE, LLC GUY F ISOM 1330 N 45 W IDAHO FALLS ID 83402 3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE							
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 GUY F I MANAGER ROBERTA	SOM A F ISOM	1330 N 45TH W 1330 N 45TH W	IDAHO FALLS IDAHO FALLS	ID ID		83402 83402	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: F	Signature: Roberta Isom Date: 11/13/2015					
W 36097	Name (type	Name (type or print): Roberta Isom		Title: Manager			
Processed 11/13/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					