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| No. W 59880 | | Due no later than Mar 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CUTTER CO. LLC AMANDA CUTTER 1775 W. STATE ST., #149 BOISE ID 83702 | | AMANDA CUTTER 321 E. HIGHLAND VIEW DR. BOISE ID 83702 | |
| | | | | 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 |
| MEMBER | AMANDA PARKER | 321 E. HIGHLAND VIEW DR. | BOISE | ID | 83702 |
| MEMBER | TRAVIS CUTTER | 321 E. HIGHLAND VIEW DR. | BOISE | ID | 83702 |
| 5. Organized Under the Laws of: ID W 59880 | | 6. Annual Report must be signed.* Signature: Amada Cutter Name (type or print): Amada Cutter Date: 01/20/2016 Title: Primary | | | |
| Processed 01/20/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |