No. W 77592	Annual Report Form 1. Mailing Address: Correct in this box if needed. MICKELSEN MANAGEMENT, LLC JAY R MICKELSEN 3094 ADDISON AVE E		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			3094 ADDISO TWIN FALLS	JAY R MICKELSEN 3094 ADDISON AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Fotor N	ames and Address	es of at least one Member or Manager.					
Office Held Name	arres and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER JAY R. MIC	KELSEN	3094 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301-6816	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Jay R Mickelsen Date: 08/20/2014					
W 77592			Title: Member				
Processed 08/20/2014	* Electronically provided signatures are accepted as original signatures.						