

No. <b>W 26266</b>		<b>Due no later than Oct 31, 2014</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>  TWO FINGER KNIFE, LLC ZANE R SCHENK 4570 N. HAROLDSEN DR IDAHO FALLS ID 83401 USA		NORMAN F SCHENK 394 N WESTRIDGE DR IDAHO FALLS ID 83402			
				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	NORMAN F SCHENK	394 N WESTRIDGE DR	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:  <b>ID W 26266</b>		6. Annual Report must be signed.* Signature: Zane Schenk Name (type or print): Zane Schenk Date: 09/24/2014 Title: Ceo					
Processed 09/24/2014		* Electronically provided signatures are accepted as original signatures.					