

No. W 26266		Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name NORMAN F SCHENK	Street or PO Address 394 N WESTRIDGE DR		City IDAHO FALLS	State ID	Country USA	Postal Code 83402
5. Organized Under the Laws of: ID W 26266		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.							