

No. W 62733	Due no later than May 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS ID 83402			
	PALISADES RECREATIONAL TOYS LLC STEVEN R PARRY PO BOX 51630 IDAHO FALLS ID 83405		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
MANAGER	STEVEN R PARRY	490 MEMORIAL DR	IDAHO FALLS	ID		83405
5. Organized Under the Laws of: ID W 62733		6. Annual Report must be signed.* Signature: Steven R Parry Name (type or print): Steven R Parry		Date: 03/21/2016 Title: Manager		
Processed 03/21/2016		* Electronically provided signatures are accepted as original signatures.				