No. W 20190		Due no later than Aug 31, 2015		2. Registered A	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 I. Mailing Address: Correct in this box if needed. BOUNCEBOARDS LLC SALLY C KANE 404 E PINE AVE MERIDIAN ID 83642 USA SALLY KANE 404 E PINE AVE MERIDIAN ID 83642-8364 3. New Registered Agent Signature:*						
4. Limited Liability Compa	anies: Enter Nan	nes and Addresses	of at least one Member or Manager.	•				
Office Held	ce Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SALLY C KANE		404 E. PINE AVE	MERIDIAN	ID	USA	83642	
MANAGER	PATRICK M KANE		404 E. PINE AVE	MERIDIAN	ID		83642	
MANAGER	CHRISTOPHER T KANE		404 E. PINE AVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: Sally		Date: 06/23/2015				
W 20190		Name (type or p		Title: Manager				
Processed 06/23/2015	·	* Flectronically pro	vided signatures are accepted as origin	al cionatures				