

No. <b>W 115217</b>		<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  CASTLE'S TWIN FALLS, LLC TAMMY CASTLE PO BOX 98 CAREY ID 83320		TAMMY CASTLE 19601 QUEENS CROWN RD CAREY ID 83320			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	RICHARD K CASTLE	144 LITTLE WOOD RD	CAREY	ID	USA	83320	
MEMBER	TAMARA L CASTLE	144 LITTLE WOOD RD	CAREY	ID	USA	83320	
MEMBER	GREGORY KADLEC	3116 LAURELWOOD DRIVE	TWIN FALLS	ID	USA	83320	
5. Organized Under the Laws of:  <b>ID</b> <b>W 115217</b>		6. Annual Report must be signed.*  Signature: Tamara L. Castle Name (type or print): Tamara L. Castle					
		Date: 07/06/2015 Title: Secretary					
Processed 07/06/2015      * Electronically provided signatures are accepted as original signatures.							