No. <b>W 60029</b>		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT YOUDE 1210 S SAMSON TRAIL MCCALL ID 83638			
SECRETARY OF STATE	1. Maili	1. Mailing Address: Correct in this box if needed.  YOUDE - THREE FORKS GALLERY LLC ROBERT O YOUDE PO BOX 1637 MCCALL ID 83638 USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROBERT			MCCALL ID 63036			
	MCCALL			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	nter Names and Add	lresses of at least one Member or Manager.					
Office Held Name	!	Street or PO Address	City	State	Country	Postal Code	
	RT YOUDE	PO BOX 1637	MCCALL	ID	USA	83638	
MANAGER LINDA	L YOUDE	PO BOX 1637	MCCALL	ID	USA	83638	
5. Organized Under the Laws of: 6. Annual F		Report must be signed.*					
ID	Signatur	Signature: Robert O Youde Date: 03/12/2014					
W 60029	Name (ty	Name (type or print): Robert O Youde Title: Manager					
Processed 03/12/2014	* Electronica	* Electronically provided signatures are accepted as original signatures.					