No. <b>W 130054</b>		Due no later than Oct 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LISA WHISI	LISA WHISNANT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BLUE MOON OUTFITTERS LLC LISA WHISNANT PO BOX 4281 MCCALL ID 83638		MCCALL ID	310 E LAKE ST MCCALL ID 83638  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER LISA ANN WHISN		VHISNANT	310 E LAKE ST	MCCALL	ID	USA	83638	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lisa Whisnant		Date:	Date: 09/30/2014			
W 130054		Name (type or print): Lisa Whisnant		Title:	Title: manager/member			
Processed 09/30/2014 * Electronically provided signatures are accepted as original signatures.								