

No. J 2437	Due no later than Oct 31, 2017 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. EAST FORK TAXIDERM LLP PO BOX 605 BOVILL ID 83806		MICHELLEROSE M CORKER 1201 E FORK RD BOVILL ID 83806			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	MICHELLEROSE M KERNS	PO BOX 605	BOVILL	ID		83806
PARTNER	RAYMOND L KERNS	PO BOX 605	BOVILL	ID		83806
5. Organized Under the Laws of: ID J 2437	6. Annual Report must be signed.* Signature: Michellerose kerns Name (type or print): Michellerose kerns		Date: 12/15/2017 Title: Partner			
Processed 12/15/2017		* Electronically provided signatures are accepted as original signatures.				