

No. W 42187	Due no later than Aug 31, 2011 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. CUT AWAY, LLC (THE) JON GOODING 452 BOXWOOD CT TWIN FALLS ID 83301 USA	RONI GOODING 643 BLUE LAKES BLVD N TWIN FALLS ID 83301				
		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	JON J GOODING JR	452 BOXWOOD CT	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 42187	6. Annual Report must be signed.* Signature: Jon Gooding Name (type or print): Jon Gooding		Date: 06/28/2011 Title: Owner			
Processed 06/28/2011		* Electronically provided signatures are accepted as original signatures.				