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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------|
| No. <b>W 96521</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2014</b>                                                                                                                                    |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>3F, LLC<br>ALLYSON BURNHAM<br>2227 E. CENTER ST.<br>POCATELLO ID 83201 |           | ALLYSON BURNHAM<br>2227 E. CENTER ST.<br>POCATELLO ID 83201 |         |
|                                                                                                                                                        |                |                                                                                                                                                                          |           | 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 |
| MEMBER                                                                                                                                                 | BRAD C FRASURE | 6787 RUNNING IRON LANE                                                                                                                                                   | POCATELLO | ID                                                          | USA     |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                        |           |                                                             |         |
| <b>ID<br/>W 96521</b>                                                                                                                                  |                | Signature: Allyson Burnham                                                                                                                                               |           | Date: 09/17/2014                                            |         |
|                                                                                                                                                        |                | Name (type or print): Allyson Burnham                                                                                                                                    |           | Title: Registered Agent                                     |         |
| Processed 09/17/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                |           |                                                             |         |