

No. W 128347		Due no later than Aug 31, 2015 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		1. Mailing Address: Correct in this box if needed. SPAR BAR SMILLC CHRIS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401		CHRIS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name RICHARD MAYDOLE	Street or PO Address HC 68 BOX 327		City CLAYTON	State ID	Country USA	Postal Code 83227
5. Organized Under the Laws of: ID W 128347		6. Annual Report must be signed.* Signature: Richard Maydole Name (type or print): Richard Maydole Date: 07/20/2015 Title: Manager					
Processed 07/20/2015 * Electronically provided signatures are accepted as original signatures.							