| No. W 116042 | | Due no later than Jul 31, 2015 | | 2. Re | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------------|---|-----------------------------|---------|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PIERCE MILLING, LLC MICHAEL LAVIGNE 602 CEDAR ST #205 WALLACE ID 83873 | | 60 W | MICHAEL LAVIGNE 602 CEDAR ST #205 WALLACE ID 83873 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at | least one Member or Manager | | | | | |
| Office Held | Name | mes and Addresses of de | Street or PO Address | City | / | State | Country | Postal Code |
| MANAGER | MANAGER MICHAEL LAVIO | | 602 CEDAR STREET #205 | WA | LLACE | ID | USA | 83873 |
| 5. Organized Under the Laws of: ID W 116042 | | 6. Annual Report must be signed.* Signature: Michael Lavigne Name (type or print): Michael Lavigne | | | Date: 05/28/2015 Title: manager | | | |
| Processed 05/28/2015 | | Electronically provided signatures are accepted as original signatures. | | | | | | |