| No. W 13884 | | Due no later than Dec 31, 2017 | | 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. VOLOVSEK LLC MISTY M STEGEMAN PO BOX 859 CHALLIS ID 83226 | | SHARON L VOLOVSEK 353 RIVER RUN RD CHALLIS ID 83226 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 700 | | mes and Addresses of a | at least one Member or Manager. | 011 | . . | | |
| | Name | | Street or PO Address | City | State | Country | Postal Code |
| | KENNETH J VOLOVSEK SHARON L VOLOVSEK | | PO BOX 859 353 RIVER RUN RD P.O. BOX 859 353 RIVER RUN RD | CHALLIS CHALLIS | ID ID | USA USA | 83226 83226 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 13884 | | Signature: Kenneth | Date: 11/20/2017 | | | | |
| | | Name (type or print | Title: Member | | | | |
| Processed 11/20/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |