

No. W 23981	Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID SCHREIBER 303 PARK DR COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ANTON CAPITAL, LLC 303 N PARK DR COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David L. Schreiber	303 N. Park Dr,	Coeur d'Alene,	ID	U.S.	83814
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Susan J. Schreiber	303 N. Park Dr,	Coeur d'Alene,	ID	U.S.	83814
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John H. Schreiber	P.O. Box 9865,	Rancho Santa Fe,	CA	U.S.	92067
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 23981 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>David L. Schreiber</u> </td> <td style="width: 40%;"> Date: <u>5/22/15</u> </td> </tr> <tr> <td> Name (type or print): <u>David L. Schreiber</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>David L. Schreiber</u>	Date: <u>5/22/15</u>	Name (type or print): <u>David L. Schreiber</u>	Title: <u>Manager</u>
Signature: <u>David L. Schreiber</u>	Date: <u>5/22/15</u>				
Name (type or print): <u>David L. Schreiber</u>	Title: <u>Manager</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM