No. W 61377		D	2. Registered Age	2. Registered Agent and Address (NO PO BOX) TIMOTHY SCHAPER C/O EMERY TAX & ACCOUNTING 5809 HWY 2 SUITE 101 PRIEST RIVER ID 83856 3. New Registered Agent Signature:*				
Return to:		Annual Report Form						C/O FMEDV T
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SCHAPER BROTHERS LLC TIMOTHY SCHAPER 5627 BANDY RD PRIEST RIVER ID 83856-6766 USA						5809 HWY 2 S PRIEST RIVER
								3. <u>New</u> Registere
4. Limited Liability Cor	mpanies: Enter N	ames and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TIMOTHY	SCHAPER	5627 BANDY RD	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 61377		Signature: Shawna Emery			Date: 03/11/2013			
		Name (type o		Title: Accountant				
Processed 03/11/2013	3	* Electronically p	provided signatures are accepted as origin	nal signatures.				