

|                                                                                                                                                        |                 |                                                                                                                                                                                 |       |                                                                   |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 85240</b>                                                                                                                                     |                 | <b>Due no later than Jul 31, 2016</b>                                                                                                                                           |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ELK, LLC<br>THOMAS C SELLIN<br>1036 E IRON EAGLE DR STE 100<br>EAGLE ID 83616 |       | THOMAS C SELLIN<br>1036 E IRON EAGLE DR STE 100<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                 |       | 3. <u>New</u> Registered Agent Signature:*                        |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                                 |       |                                                                   |         |                  |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                            | City  | State                                                             | Country | Postal Code      |  |
| MANAGER                                                                                                                                                | THOMAS C SELLIN | 1036 E IRON EAGLE DR STE 100                                                                                                                                                    | EAGLE | ID                                                                | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                               |       |                                                                   |         |                  |  |
| <b>ID<br/>W 85240</b>                                                                                                                                  |                 | Signature: Thomas Sellin                                                                                                                                                        |       |                                                                   |         | Date: 06/06/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Thomas Sellin                                                                                                                                             |       |                                                                   |         | Title: Manager   |  |
| Processed 06/06/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                       |       |                                                                   |         |                  |  |