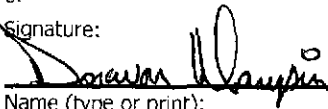
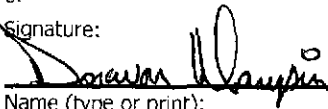
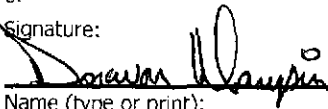


No. <b>W 130301</b>	<b>Due no later than Oct 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DONAVON MAUPIN 1195 CEMETERY RD PRIEST RIVER ID 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SALTY TILE AND STONE LLC DONAVON MAUPIN 1195 CEMETERY RD PRIEST RIVER ID 83856		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 checked="" type="checkbox"/>	Donavon Maupin	1195 Cemetery Rd	Priest River	ID	USA	83856
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 130301</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:              Name (type or print):  <u>Donavon Maupin</u> </td> <td style="width: 40%;">           Date:  <u>Nov, 21 2014</u>            Title:  <u>owner</u> </td> </tr> </table>	Signature:  Name (type or print): <u>Donavon Maupin</u>	Date: <u>Nov, 21 2014</u> Title: <u>owner</u>
Signature:  Name (type or print): <u>Donavon Maupin</u>	Date: <u>Nov, 21 2014</u> Title: <u>owner</u>		

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1. --

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.** --

**Block 3:** Only a new registered agent must sign in Block 3. --

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.