

|  |              |   |            |  |                     |
|--|--------------|---|------------|--|---------------------|
| No. <b>W 50058</b>   |              | <b>Due no later than Apr 30, 2016</b>   |            | <b>2. Registered Agent and Address (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>ANE, L.L.C.<br>ROBIN A ERNY<br>1869 E SELTICE WAY<br>POST FALLS ID 83854-7019 |            | ROBIN A ERNY<br>1869 E SELCICE WAY<br>POST FALLS ID 83854-7019 |                     |
|  |              |   |            | 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 |
| MEMBER   | ROBIN A ERNY | 1869 E SELTICE WAY  | POST FALLS | ID   | 83854               |
| MEMBER   | THOMAS ERNY  | 1869 E SELTICE WAY  | POST FALLS | ID   | 83854               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 50058</b>   |              | 6. Annual Report must be signed.*<br>Signature: rerny<br>Name (type or print): rerny<br>Date: 05/11/2016<br>Title: secretary/president  |            |  |                     |
| Processed 05/11/2016   |              | * Electronically provided signatures are accepted as original signatures.   |            |  |                     |