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|--|----------------|---|------------|--|---------|-------------|--|
| No. W 27675 | | Due no later than Dec 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ARGALI, LLC THOMAS STOESER 4752 W RIVERBEND AVE POST FALLS ID 83854-1156 | | KEVIN C BELEW 3101 W MAIN STE 200 BOISE ID 83702 | | | |
| | | | | 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 STOESER | 4752 W RIVERBEND AVE | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: ID W 27675 | | 6. Annual Report must be signed.* Signature: Tome Stoeser Name (type or print): Tome Stoeser Date: 11/04/2016 Title: Manager | | | | | |
| Processed 11/04/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |