

|                                                                                                                                                        |                |                                                                                                                                                  |           |                                                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------------------|
| No. <b>W 73849</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br>HERBST ENTERPRISES, LLC<br>BARBARA HERBST<br>2254 HEPWORTH LN<br>BLACKFOOT ID 83221 |           | BARBARA HERBST<br>2254 HEPWORTH LN<br>BLACKFOOT ID 83221 |                     |
|                                                                                                                                                        |                |                                                                                                                                                  |           | 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                                                                                                                                                 | BARBARA HERBST | 2254 HEPWORTH LN                                                                                                                                 | BLACKFOOT | ID                                                       | 83221               |
| MEMBER                                                                                                                                                 | VON E HERBST   | 2254 HEPWORTH LN                                                                                                                                 | BLACKFOOT | ID                                                       | 83221               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73849</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Barbara Herbst<br>Name (type or print): Barbara Herbst<br>Date: 03/10/2018<br>Title: Owner       |           |                                                          |                     |
| Processed 03/10/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                        |           |                                                          |                     |