

No. W 45968	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SUSAN HUFF <i>Bischoff</i> 3365 W. SALTO DR EAGLE ID 83616-4155
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SND, LLC. SUSAN J. HUFF BISCHOFF 3365 W. SALTO DR EAGLE ID 83616-4155 USA		3. <u>New</u> Registered Agent Signature. <i>Susan Huff Bischoff</i>

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 type="checkbox"/>	SUSAN J. HUFF <i>Bischoff</i>	3365 W. Salto Dr.	Eagle	Ida	Ada	83616
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>The Denver & Susan J. Huff Family Trust</i>	3365 W. Salto Dr.	Eagle	Ida	Ada	83616
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;"> IDAHO W 45968 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Susan J. Huff Bischoff</i> </td> <td style="width: 40%;"> Date: <i>1-5-15</i> </td> </tr> <tr> <td> Name (type or print): <i>SUSAN J. Huff Bischoff</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>	Signature: <i>Susan J. Huff Bischoff</i>	Date: <i>1-5-15</i>	Name (type or print): <i>SUSAN J. Huff Bischoff</i>	Title: <i>Manager</i>
Signature: <i>Susan J. Huff Bischoff</i>	Date: <i>1-5-15</i>				
Name (type or print): <i>SUSAN J. Huff Bischoff</i>	Title: <i>Manager</i>				

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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, the filing will be rejected.