| No. W 104583 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Jun 30, 2017 Annual Report Form | | | 2. Registered Agent and Address (NO PO BOX) STACY R SALVI 2568 W TIMBER DR EAGLE ID 83616 3. New Registered Agent Signature:* | | | | |
|--|--------------------------------|---|---|------------|---|----------|------------|---------------------|--|
| | | 1. Mailing Address: Correct in this box if needed. BARGER NAMPA, LLC STACY R SALVI 2568 W TIMBER DR EAGLE ID 83616 | | EA | | | | | |
| | | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nar | mes and Addresses of a | t least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | City | / | State | Country | Postal Code | |
| MEMBER MANAGER | STACY R SALVI EDWIN J SALVI | | 2568 W. TIMBER DR. 2568 W TIMBER DR. | EAC EAC | | ID ID | USA USA | 83616-4665 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID W 104583 | | Signature: Edwin J Salvi | | | Date: 05/01/2017 | | | | |
| | | Name (type or print): Edwin J Salvi | | | Title: manager | | | | |
| Processed 05/01/2017 | | * Electronically provide | d signatures are accepted as original | signature | S. | | | | |