| No. <b>W 3447</b>  |  | Due no later than Jan 31, 2017   |                                      | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX)                                 |         |             |  |
|--|--|--|--------------------------------------|------------------|---|---------|-------------|--|
| Return to:   |  | Annual Report Form   |                                      |                  | RON FINNICUM  |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  | 1. Mailing Address: Correct in this box if needed.  SUMMIT MOLD & MFG., L.L.C  RON FINNICUM  4300 W SELTICE WAY  POST FALLS ID 83854 |                                      | POST FALLS       | 4300 W SELTICE WAY POST FALLS ID 83854  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |  |                                      |                  |   |         |             |  |
| 4. Limited Liability Compa   | nies: Enter Nai  | mes and Addresse   | s of at least one Member or Manager. |                  |   |         |             |  |
| Office Held  | Name   |  | Street or PO Address                 | City             | State   | Country | Postal Code |  |
| MEMBER   | RONALD J FINNICUM  |  | 4300 W SELTICE WAY                   | POST FALLS       | ID  | USA     | 83854-7347  |  |
| 5. Organized Under the Laws of:  |  | 6. Annual Report must be signed.*  |                                      |                  |   |         |             |  |
| ID   |  | Signature: Tim Riordan   |                                      | Date             | Date: 11/21/2016  |         |             |  |
| W 3447   |  | Name (type or print): Tim Riordan  |                                      | Title            | Title: Office Manager   |         |             |  |
| Processed 11/21/2016   | Processed 11/21/2016 * Electronically provided signatures are accepted as original signatures. |  |                                      |                  |   |         |             |  |