

No. W 98109	Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES J SHACKELFORD 3450 W 1400 S ABERDEEN ID 83210
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. FLATTOP, L.L.C. PO BOX 310 ABERDEEN ID 83210		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Clay Shackelford	P.O. Box 124	Springfield	ID	us	83277
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amy Miles	2765 Vista Circle	Idaho Falls	ID	us	83402
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lisa Alonzo	7015 Minnetta St NW	Yuma	Wa	us	98512
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Val Krebbiel	1647 S. 3000 W.	Aberdeen	ID	us	83210

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 98109 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Charles Shackelford</u> Name (type or print): <u>Charles J. Shackelford</u> </td> <td style="width: 40%;"> Date: <u>10/15/2013</u> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Charles Shackelford</u> Name (type or print): <u>Charles J. Shackelford</u>	Date: <u>10/15/2013</u> Title: <u>Manager</u>
Signature: <u>Charles Shackelford</u> Name (type or print): <u>Charles J. Shackelford</u>	Date: <u>10/15/2013</u> Title: <u>Manager</u>		

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