

|  |                     |  |       |   |         |             |  |
|--|---------------------|--|-------|---|---------|-------------|--|
| No. <b>W 145057</b>  |                     | <b>Due no later than Dec 31, 2015</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>SOWARDS LIVING TRUST #1, LLC<br>NORMAN K SOWARDS<br>3212 W 3000 N<br>MOORE ID 83255 |       | NORMAN K SOWARDS<br>3212 W 3000 N<br>OWNER<br>MOORE ID 83255-8325 |         |             |  |
|  |                     |  |       | 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   | NORMAN KENT SOWARDS | 3212 W, 3000 N   | MOORE | ID  | USA     | 83255       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 145057</b>  |                     | 6. Annual Report must be signed.*<br>Signature: N K SOWARDS<br>Name (type or print): N K SOWARDS<br>Date: 10/22/2015<br>Title: Trustee           |       |   |         |             |  |
| Processed 10/22/2015   |                     | * Electronically provided signatures are accepted as original signatures.  |       |   |         |             |  |