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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|---------------------|--|
| No. <b>C 73407</b>                                                                                                                                     |             | <b>Due no later than Jul 31, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GOLDEN VALLEY WAREHOUSES, INC.<br>SCOTT ADAMS<br>2058 OVERLAND AVE<br>BURLEY ID 83318 |        | SCOTT ADAMS<br>1772 S 600 W<br>OAKLEY ID 83346     |         |                     |  |
|                                                                                                                                                        |             |                                                                                                                                                                                         |        | 3. <u>New</u> Registered Agent Signature:*         |         |                     |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |             |                                                                                                                                                                                         |        |                                                    |         |                     |  |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                                                                    | City   | State                                              | Country | Postal Code         |  |
| SECRETARY                                                                                                                                              | LISA HIGLEY | 496 W. 1000 S.                                                                                                                                                                          | BURLEY | ID                                                 | USA     | 83318               |  |
| PRESIDENT                                                                                                                                              | SCOTT ADAMS | 1772 S. 600 W.                                                                                                                                                                          | OAKLEY | ID                                                 | USA     | 83346               |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                                                       |        |                                                    |         |                     |  |
| <b>ID<br/>C 73407</b>                                                                                                                                  |             | Signature: Erika Guzman                                                                                                                                                                 |        |                                                    |         | Date: 05/30/2017    |  |
|                                                                                                                                                        |             | Name (type or print): Erika Guzman                                                                                                                                                      |        |                                                    |         | Title: Receptionist |  |
| Processed 05/30/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                               |        |                                                    |         |                     |  |