

No. W 100727		Due no later than Feb 28, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRANSFERCASE, LLC TROY E RASMUSSEN 127 EAST MAIN STREET, SUITE A2 P.O. BOX 818 REXBURG ID 83440		TROY RASMUSSEN 127 EAST MAIN STREET, SUITE A2 REXBURG 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TROY E RASMUSSEN	127 EAST MAIN STREET, SUITE A2 P.O. BOX 818	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 100727		6. Annual Report must be signed.* Signature: Troy Rasmussen Name (type or print): Troy Rasmussen					
		Date: 01/13/2015 Title: Member					
Processed 01/13/2015		* Electronically provided signatures are accepted as original signatures.					