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| No. W 154027 | Due no later than Jul 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. FOWL RAIN L.L.C. KEN MOORE P.O.BOX 3834 NAMPA ID 83653 USA | | KEN MOORE 1912 E LOST RIVER AVE NAMPA ID 83686 | | | |
| | | | 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 | ANGELA MOORE | 1912 E LOST RIVER AVE. | NAMPA | ID | USA | 83686 |
| MANAGER | KENNETH B MOORE | 1912 E LOST RIVER AVE. | NAMPA | ID | USA | 83686 |
| 5. Organized Under the Laws of: ID W 154027 | 6. Annual Report must be signed.* Signature: KennethBMoore Name (type or print): KennethBMoore | | Date: 06/04/2018 Title: Manager | | | |
| Processed 06/04/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |