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| No. W 111025 | | Due no later than Feb 28, 2017 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. TUSCANA DIVISION, LLC LESA D HORROCKS PO BOX 722 POCATELLO ID 83204-0722 | | LESA D HORROCKS 205 W BUELL ST POCATELLO ID 83204 | | | |
| 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 MEMBER | Name LESA D HORROCKS | Street or PO Address PO BOX 722 | | City POCATELLO | State ID | Country USA | Postal Code 83204-0722 |
| 5. Organized Under the Laws of: ID W 111025 | | 6. Annual Report must be signed.* Signature: LESA D HORROCKS Name (type or print): LESA D HORROCKS Date: 02/24/2017 Title: MEMBER | | | | | |
| Processed 02/24/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |