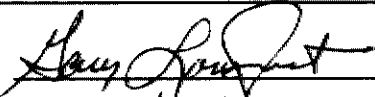


No. W 4952	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		GARY H LONGHURST 836 E. 1400 N. SHELLEY ID 83274																		
	SUPERIOR PRODUCTS, L.L.C. 836 E. 1400 N. SHELLEY ID 83274		3. Organized Under the Laws of: ID W 4952																		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																				
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Operating Mgr</td> <td>Gary Longhurst</td> <td>836 E 1400 N</td> <td>Shelley</td> <td>ID</td> <td>83274</td> </tr> <tr> <td>Secretary</td> <td>Connie Longhurst</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Operating Mgr	Gary Longhurst	836 E 1400 N	Shelley	ID	83274	Secretary	Connie Longhurst	" "	"	"	"
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Secretary	Connie Longhurst	" "	"	"	"																
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature  Name (Typed or Printed) GARY Longhurst </div> <div> Date 7/13/99 Title Operating Mgr. </div> </div>																			

ISSUED: 07-03-1999

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