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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------|---------------------|
| No. <b>W 135714</b>                                                                                                                                    |               | <b>Due no later than Mar 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>ROCKIN D, LLC<br>DANIEL C. DIXON<br>979 E DEERHAVEN AVE<br>DALTON GARDENS ID 83815 |                | DANIEL C DIXON<br>979 E DEERHAVEN AVE<br>DALTON GARDENS ID 83815 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                      |                | 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 |
| MANAGER                                                                                                                                                | HEIDI A DIXON | 979 E. DEERHAVEN                                                                                                                                                                     | DALTON GARDENS | ID                                                               | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 135714</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Dan Dixon<br>Name (type or print): Dan Dixon<br>Date: 04/11/2017<br>Title: Owner                                                     |                |                                                                  |                     |
| Processed 04/11/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                            |                |                                                                  |                     |