No. W 84135 Return to:		Due no later than May 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. SAMPSON II, LLC. STARLA OGDEN PO BOX 2319 IDAHO FALLS ID 83403			2. Registered Agent and Address (NO PO BOX) STARLA OGDEN 6443 E IONA RD IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	STARLA OGDEN		6443 E IONA RD		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Starla Ogden			Date: 03/28/2017			
W 84135		Name (type or print): Starla Ogden			Title: Member			
Processed 03/28/2017	* Electronically provided signatures are accepted as original signatures.							