| No. W 64910 | | Due no later than Jul 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-------------------|--|--|---|------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | R KIMBER POOLE | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. IDAHO FILTER TESTING AND CONSULTING SERVICES, LLC R. KIMBER POOLE 16 S 600 W BLACKFOOT ID 83221-6124 USA | | 16 S 600 W BLACKFOOT ID 83221-6124 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Limited Liability Comp | anies: Enter Nar | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | GER KATHRYN POOLE | | 16 S 600 W | | BLACKFOOT | ID | | 83221 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: R. Kimber Poole | | | Date: 07/07/2015 | | | |
| W 64910 | | Name (type or print): R. Kimber Poole | | | Title: Owner | | | |
| Processed 07/07/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |