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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------------------|
| No. <b>W 22037</b>                                                                                                                                     |           | <b>Due no later than Dec 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>1. Mailing Address: Correct in this box if needed.</b><br>S.E. SNOW, LIMITED LIABILITY COMPANY<br>JOHN KLEIN<br>PO BOX 685<br>MIDDLETON ID 83644 |           | TARTER AND ASSOC PA<br>1010 S ORCHARD<br>BOISE ID 83705 |                     |
|                                                                                                                                                        |           |                                                                                                                                                     |           | 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                                                                                                                                                | O W KLEIN | PO BOX 685                                                                                                                                          | MIDDLETON | ID                                                      | 83644               |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 22037</b>                                                                                               |           | 6. Annual Report must be signed.*<br>Signature: John K Ponath<br>Name (type or print): John K Ponath<br>Date: 11/06/2017<br>Title: Manager          |           |                                                         |                     |
| Processed 11/06/2017                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                           |           |                                                         |                     |