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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------------------|
| No. <b>W 68997</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 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><br>BRIAN BURTON APPRAISALS, LLC<br>BRIAN BURTON<br>PO BOX 2373<br>IDAHO FALLS ID 83403 |             | CURTIS R SMITH<br>501 PARK AVE<br>IDAHO FALLS ID 83404 |                     |
|                                                                                                                                                        |              |                                                                                                                                                      |             | 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                                                                                                                                                | BRIAN BURTON | 1014 GRASSLAND DR                                                                                                                                    | IDAHO FALLS | ID                                                     | 83404               |
| MANAGER                                                                                                                                                | JILL BURTON  | 1014 GRASSLAND DR                                                                                                                                    | IDAHO FALLS | ID                                                     | 83404               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 68997</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Jill Burton<br>Name (type or print): Jill Burton<br>Date: 10/19/2017<br>Title: Manager               |             |                                                        |                     |
| Processed 10/19/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                            |             |                                                        |                     |