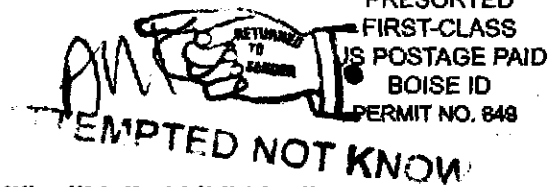




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SECRETARY OF STATE
PO BOX 83720
BOISE ID 83720-0080



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BOISE ID
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THOMAS C DIETER
FALLOUT FIREARMS LLC
1800 S GRANT AVE APT C8
POCATELLO, ID 83204-3570
2426 6

Issued 09/04/2014

*Not at
this address*

NO OTHER ADDRESS ON FILE

Use this card to file online at: www.sos.idaho.gov



No. C 192698	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																																																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HMP PROPERTIES, INC. JPMORGAN CHASE & CO 4 NEW YORK PLAZA FLOOR 15 ATTN: OFFICE OF THE SECRETARY NEW YORK NY 10004 4 CHASE METRO TECH BROOKLYN, NY 11245		3. New Registered Agent Signature.																																																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Director/President</td> <td>Dennis Patierno</td> <td>270 Park Ave.</td> <td>New York</td> <td>NY</td> <td>USA</td> <td>10017</td> </tr> <tr> <td>Director / Sr. VP</td> <td>Paul J. Morneau</td> <td>7000 Prospect Place</td> <td>Albuquerque</td> <td>NM</td> <td>USA</td> <td>87110</td> </tr> <tr> <td>Director</td> <td>Trang - Wah Cheng</td> <td>10 S. Dearborn</td> <td>Chicago</td> <td>IL</td> <td>USA</td> <td>60603</td> </tr> <tr> <td>VP/Secretary</td> <td>Maic P. Wane</td> <td>9200 Oakdale Ave.</td> <td>Chatsworth</td> <td>CA</td> <td>USA</td> <td>91311</td> </tr> <tr> <td>CFO/Treasurer</td> <td>Lanora J. White</td> <td>3929 W. John Carpenter Fwy.</td> <td>Irrving</td> <td>TX</td> <td>USA</td> <td>75063</td> </tr> <tr> <td>Assistant Sec.</td> <td>Christine N. Bannerman</td> <td>4 Chase Metrotech</td> <td>Brooklyn</td> <td>NY</td> <td>USA</td> <td>11245</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Director/President	Dennis Patierno	270 Park Ave.	New York	NY	USA	10017	Director / Sr. VP	Paul J. Morneau	7000 Prospect Place	Albuquerque	NM	USA	87110	Director	Trang - Wah Cheng	10 S. Dearborn	Chicago	IL	USA	60603	VP/Secretary	Maic P. Wane	9200 Oakdale Ave.	Chatsworth	CA	USA	91311	CFO/Treasurer	Lanora J. White	3929 W. John Carpenter Fwy.	Irrving	TX	USA	75063	Assistant Sec.	Christine N. Bannerman	4 Chase Metrotech	Brooklyn	NY	USA	11245
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Assistant Sec.	Christine N. Bannerman	4 Chase Metrotech	Brooklyn	NY	USA	11245																																														
5. Organized Under the Laws of: UTAH C 192698		6. Signature: <u>Christine N. Bannerman</u> Date: <u>10/12/2014</u> Name (type or print): <u>Christine N. Bannerman</u> Title: <u>Assistant Sec.</u>																																																		

Issued 10/12/2014 by [signature]

130208

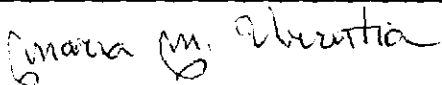
No. W 128495		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TONY BOHNER 6061 W TOMKIN DRIVE BOISE ID 83704 <i>Sonny Thomas</i> 2198 Constantine Ave Boise, ID 83704	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. TREASURE VALLEY DEVELOPMENT AUTHORITY, LLC 720 PARK BLVD SUITE 250 BOISE ID 83712 2198 Constantine Ave Boise, ID 83704		3. <u>New</u> Registered Agent Signature. <i>Sonny Thomas</i>	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name		Street or PO Address	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		SONNY THOMAS		2198 Constantine Ave	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6. Signature:		Date:	
IDAHO W 128495		<i>Sonny Thomas</i>		10-17-2014	
		Name (type or print): Sonny Thomas		Title: Chairman	

No. C 164049	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EDGAR LAMBERT 2800 E CHICAGO ST CALDWELL ID 83605																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LAMBERT CONSTRUCTION, INCORPORATED EDGAR LAMBERT 2800 E CHICAGO ST CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature.																																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Edgar Lambert</td> <td>2714 E Chicago ST</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</td> </tr> <tr> <td>Vice President</td> <td>Wade Lambert</td> <td>2714 E Chicago ST</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</td> </tr> <tr> <td>Secretary</td> <td>Sharon Lambert</td> <td>2714 E Chicago ST</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</td> </tr> <tr> <td>Treasurer</td> <td>Sharon Lambert</td> <td>2714 E Chicago ST</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Edgar Lambert	2714 E Chicago ST	Caldwell	ID	USA	83605	Vice President	Wade Lambert	2714 E Chicago ST	Caldwell	ID	USA	83605	Secretary	Sharon Lambert	2714 E Chicago ST	Caldwell	ID	USA	83605	Treasurer	Sharon Lambert	2714 E Chicago ST	Caldwell	ID	USA	83605
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Treasurer	Sharon Lambert	2714 E Chicago ST	Caldwell	ID	USA	83605																																
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 164049 </div>		6. Signature: <u>Edgar Lambert</u> Date: <u>10/17/2014</u> Name (type or print): <u>Edgar Lambert</u> Title: <u>President</u>																																				

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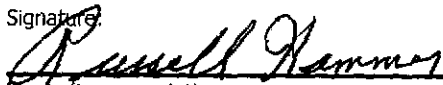
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. L 3950	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARIA M. URRUTIA 1200 LEWIS STREET BOISE ID 83712														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MDRC PARTNERS LIMITED PARTNERSHIP MARIA M. URRUTIA 1200 LEWIS STREET BOISE ID 83712		3. <u>New</u> Registered Agent Signature.														
4. Limited Partnerships: Enter Names and Business Addresses of general partners.																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">General Partners</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Maria M Urrutia</td> <td>1200 Lewis St</td> <td>Boise</td> <td>ID</td> <td>AD</td> <td>83712</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code		Maria M Urrutia	1200 Lewis St	Boise	ID	AD	83712
General Partners	Name	Street or PO Address	City	State	Country	Postal Code											
	Maria M Urrutia	1200 Lewis St	Boise	ID	AD	83712											
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">L 3950</div>		6. <div style="display: flex; justify-content: space-between;"> <div> Signature:  </div> <div> Date: 10-17-14 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Name (type or print): Maria M Urrutia </div> <div> Title: General Partner </div> </div>															

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131283

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. C 41642	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RUSSELL D HAMMER 780 NORTH MAIN STREET MOUNTAIN HOME ID 83647
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HAMMER PLUMBING, INC. CHARLOTTE HAMMER DRAWER 789 MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held Name Street or PO Address City State Country Postal Code			
PRESIDENT RUSSELL HAMMER BOX 789 MTN HOME ID. USA 83647			
SECRETARY CHARLOTTE HAMMER BOX 789 MTN HOME ID. USA 83647			
VICE PRESIDENT RICHARD HAMMER BOX 789 MTN HOME ID. USA 83647			
DIRECTOR RUSSELL HAMMER BOX 789 MTN. HOME ID. USA. 83647			
DIRECTOR RICHARD HAMMER BOX 789 MTN. HOME ID. USA. 83647			
DIRECTOR CHARLOTTE HAMMER BOX 789 MTN. HOME ID. USA. 83647			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO C 41642 </div>		6. Signature:  Name (type or print): <u>RUSSELL HAMMER</u> <div style="text-align: right;"> Date: <u>10-17-14</u> Title: <u>PRES</u> </div>	

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115336

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. W 69996	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DENICE JONES 8800 W STATE ST BOISE ID 83714																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1. Mailing Address: Correct in this box if needed. GUTHRIE STONE CONSTRUCTION, LLC 8800 W STATE ST BOISE ID 83714																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Denice Jones</td> <td>8800 W. State St</td> <td>Boise</td> <td>Id</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Denice Jones	8800 W. State St	Boise	Id		83714	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 69996		6. Signature: <u>Denice Jones</u> Name (type or print): <u>Denice Jones</u> Date: <u>10/17/14</u> Title: <u>Owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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130441

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. W 68581	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EVA LOU C DIEBEL 1130 ORCHARD LOOP TROY ID 83871
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DIEBEL FARMS, LLC PO BOX 388 TROY ID 83871		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> EVA LOU C. DIEBEL PO BOX 388 TROY ID USA 83871			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> E. BOYD DIEBEL PO BOX 388 TROY ID USA 83871			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 68581 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>EVA LOU C. DIEBEL</u> </div> <div style="width: 35%;"> Date: <u>10-17-14</u> Title: <u>MEMBER</u> </div> </div>	

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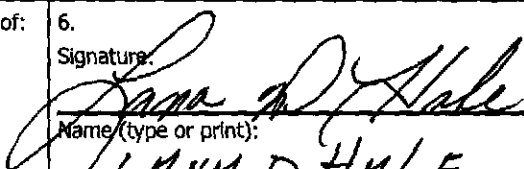
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. W 5297	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LANA D HALE 1320 CHASE ST BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LDH, L.L.C. LANA D HALE 1320 CHASE ST BOISE ID 83709		3. <u>New</u> Registered Agent Signature.

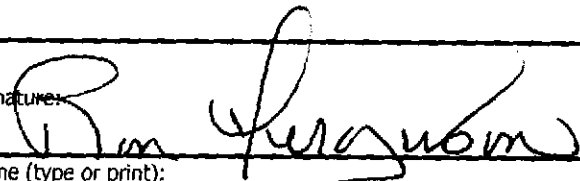
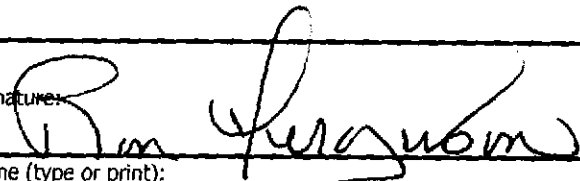
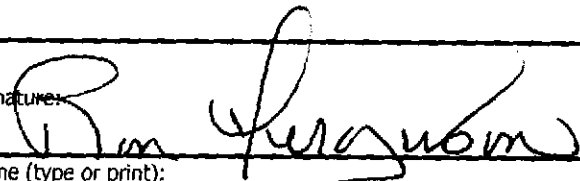
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lana D Hale	1320 Chase St	Boise	Ida	Ada	83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						


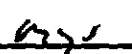
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 5297 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>LANA D HALE</u> </div> <div style="width: 35%;"> Date: <u>10-18-2014</u> Title: _____ </div> </div>
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130757

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. C 122188	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RON FERGUSON 410 S. ORCHARD ST. STE 124 BOISE ID 83705																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. UNITED CREDIT MEN'S ASSOCIATION, INC. RON FERGUSON 410 S. ORCHARD ST. STE 124 BOISE ID 83705 USA		3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																															
Office Held Name Street or PO Address City State Country Postal Code																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">PRES</td> <td style="width: 15%;">RON FERGUSON</td> <td style="width: 40%;">1924 Sunrider Rim</td> <td style="width: 10%;">Boise</td> <td style="width: 5%;">ID</td> <td style="width: 10%;">83705</td> <td style="width: 5%;"></td> </tr> <tr> <td>SECRET</td> <td>MARY FERGUSON</td> <td>1924 Sunrider Rim</td> <td>Boise</td> <td>ID</td> <td>83705</td> <td></td> </tr> <tr> <td>SECRET</td> <td>BRAD ZWEIFER</td> <td>668 Spyglass</td> <td>Boise</td> <td>ID</td> <td>83616</td> <td></td> </tr> <tr> <td>DIRECTOR</td> <td>BRAD ZWEIFER</td> <td>668 Spyglass</td> <td>Boise</td> <td>ID</td> <td>83616</td> <td></td> </tr> </table>				PRES	RON FERGUSON	1924 Sunrider Rim	Boise	ID	83705		SECRET	MARY FERGUSON	1924 Sunrider Rim	Boise	ID	83705		SECRET	BRAD ZWEIFER	668 Spyglass	Boise	ID	83616		DIRECTOR	BRAD ZWEIFER	668 Spyglass	Boise	ID	83616	
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SECRET	BRAD ZWEIFER	668 Spyglass	Boise	ID	83616																										
DIRECTOR	BRAD ZWEIFER	668 Spyglass	Boise	ID	83616																										
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 122188 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>10-17-14</u> </td> </tr> <tr> <td> Name (type or print): <u>RON FERGUSON</u> </td> <td> Title: <u>PRES</u> </td> </tr> </table>		Signature: 	Date: <u>10-17-14</u>	Name (type or print): <u>RON FERGUSON</u>	Title: <u>PRES</u>																								
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Name (type or print): <u>RON FERGUSON</u>	Title: <u>PRES</u>																														
Issued 10/14/2014 by SLD 114455																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

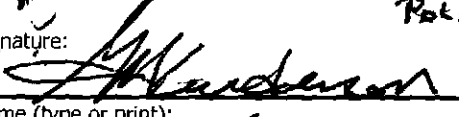
No. W 119073	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SAM KENNEDY 220 N 4TH ST COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. S & J DEVELOPMENT LLC 220 N 4TH ST COEUR D'ALENE ID 83814		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Sam Kennedy 220 N 4th St COEUR D'ALENE ID 83814			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Jim Stewart 220 N 4th St COEUR D'ALENE ID 83814			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 119073 </div>		6. Signature:  Date: 10/16/14 Name (type or print): Sam Kennedy Title: 	
Issued 10/07/2014 by KAH		121157	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM


No. W 3341	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ANDREA CHILD 5605 MURPHY RD KUNA ID 83634
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BASIN FERTILIZER & FEED LTD. CO. ERIC CHILD 5605 MURPHY RD KUNA ID 83634		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Eric Child 5605 Murphy Rd. Kuna, ID, USA 83634			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Andrea Child 5605 Murphy Rd. Kuna, ID, USA 83634			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 3341 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u><i>[Signature]</i></u> Name (type or print): <u>Eric Child</u> </div> <div> Date: <u>10/17/14</u> Title: <u>Manager</u> </div> </div>	
Issued 10/14/2014 by JLI		103413	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

15 Oct 14

No. W 118503	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN L RUNFT 1020 W MAIN ST STE 400 BOISE ID 83702																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GOLDEN RESOURCES, LLC GEORGE H. HENDERSON 2281 45TH LN SW TUMWATER WA 98512 1761 GLEN ABBY LN WINTER HAVEN FL 33881																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GEORGE H. HENDERSON</td> <td>1761 GLEN ABBY LN</td> <td>WINTER HAVEN</td> <td>FL</td> <td>USA</td> <td>33881</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JOHN RUNFT</td> <td>1020 W. MAIN ST SUITE 400</td> <td>ADA</td> <td>IDAHO</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GEORGE P. WITTMAN</td> <td>2740 PEAVINE CRK. RD</td> <td>RENO</td> <td>NV</td> <td>USA</td> <td>89523</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MICHAEL E. KERR</td> <td>150 MEDALLION CT</td> <td>DAVENPORT</td> <td>FL</td> <td>USA</td> <td>33897</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	GEORGE H. HENDERSON	1761 GLEN ABBY LN	WINTER HAVEN	FL	USA	33881	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOHN RUNFT	1020 W. MAIN ST SUITE 400	ADA	IDAHO	USA	83702	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GEORGE P. WITTMAN	2740 PEAVINE CRK. RD	RENO	NV	USA	89523	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL E. KERR	150 MEDALLION CT	DAVENPORT	FL	USA	33897
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5. Organized Under the Laws of: IDAHO W 118503		6. <input checked="" type="checkbox"/> Signature:  Name (type or print): GEORGE H. HENDERSON Date: 16 OCT. 2014 Title: MANAGER - MEMBER																																					
Issued 10/08/2014 by CLH																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

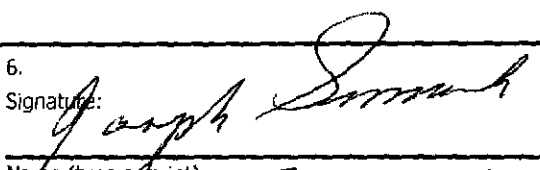
No. C 93454	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RONALD T TAUBITZ 33 DEER CREEK RD HAILEY ID 83333							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FOUR STAR INVESTMENTS, LTD. RONALD T. TAUBITZ P.O. BOX 5804 KETCHUM ID 83340		3. <u>New</u> Registered Agent Signature.							
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.										
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Office Held	Name	Street or PO Address	City	State	Country	Postal Code				
<div style="font-family: cursive; font-size: 1.2em;"> PRESIDENT RONALD TAUBITZ BOX 5804 KETCHUM ID. U.S. VICE-PRESIDENT ROBERT TAUBITZ BOX 5804 KETCHUM, ID. U.S. </div>										
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.1em;"> IDAHO C 93454 </div>		6. Signature:  <hr/> Name (type or print): <u>RONALD TAUBITZ</u> <div style="float: right; text-align: right;"> Date: <u>9/16/14</u> Title: <u>Owner</u> </div>								
Issued 09/19/2014 by SLD 127562										

No. W 129136	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TODD R BREWER 510-A N 4TH ST COEUR D ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CHEATING DEATH DISCOUNT VAPOR STORE LLC 510 N 4TH ST COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <u>Todd R. Brewer</u> <u>510 N 4TH</u> <u>COA</u> <u>ID</u> <u>USA</u> <u>83814</u>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <u>Joe D. Gable</u> <u>700 E 15th</u> <u>COA</u> <u>ID</u> <u>USA</u> <u>83814</u>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 129136 </div>		6. Signature: <u>Todd R. Brewer</u> Date: <u>10/17/14</u> <hr/> Name (type or print): <u>Todd R. Brewer</u> Title: <u>owner</u>	

Issued 10/09/2014 by KAH

100621

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. W 69314	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH SIMUNICH 2715 N VENABLE MERIDIAN ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SIMUNICH MCCALL, LLC 2715 N VENABLE MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joseph Simunich 2715 Venable Mer Id 83646		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Katherine Simunich ✓ ✓ ✓ ✓		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 69314 </div>		6. Signature:  <hr/> Name (type or print): <u>Joseph Simunich</u> <hr/> Title: <u>Manager</u>	
Issued 10/14/2014 by JLI		121417	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. W 44365	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBBY CORDINGLEY 1392 N 3350 E ASHTON ID 83420																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CORDINGLEY ANGUS RANCH, LLC ROBBY CORDINGLEY 1392 N 3350 E ASHTON ID 83420		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robby Cordingley</td> <td>1392 N 3350 E</td> <td>Ashton</td> <td>ID</td> <td>USA</td> <td>83420</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robby Cordingley	1392 N 3350 E	Ashton	ID	USA	83420	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 44365 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> <i>Robby Cordingley</i> </div> </td> <td style="width: 40%;"> Date: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> 10-17-14 </div> </td> </tr> <tr> <td> Name (type or print): <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> Robby Cordingley </div> </td> <td> Title: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> owner </div> </td> </tr> </table>		Signature: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> <i>Robby Cordingley</i> </div>	Date: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> 10-17-14 </div>	Name (type or print): <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> Robby Cordingley </div>	Title: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> owner </div>																															
Signature: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> <i>Robby Cordingley</i> </div>	Date: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> 10-17-14 </div>																																					
Name (type or print): <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> Robby Cordingley </div>	Title: <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: inline-block;"> owner </div>																																					
Issued 10/14/2014 by JL1		104785																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

No. W 104922	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) KAREN MARTINEZ 3755 S BRENTWOOD LN COEUR D ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KQUICKHOLDINGS LLC 3755 S BRENTWOOD LN COEUR D ALENE ID 83814																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Karen Q Martinez</td> <td>3755 S Brentwood Ln</td> <td>Coeur d Alene</td> <td>ID</td> <td>USA</td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Karen Q Martinez	3755 S Brentwood Ln	Coeur d Alene	ID	USA	83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
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Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 104922		6. Signature: <u>Kel L</u> Name (type or print): <u>Karen Q Martinez</u> Date: <u>10/15/14</u> Title: <u>Manager</u>																																				

Issued 10/15/2014 by online