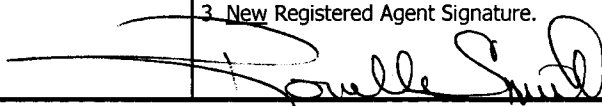





No. W 153674	Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM RIESER 4663 S ENTERPRISE ST BOISE ID 83703 Ronelle Smith 4303 Oxbow Way Boise ID 83713				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DOWN RANGE LOGISTICS, LLC MICHAEL A SMITH 4303 OXBOW WAY BOISE ID 83713		3. New 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"/> RONELLE SMITH 4303 OXBOW WAY BOISE ID USA 83713							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> MICHAEL SMITH 4303 OXBOW WAY BOISE ID USA 83713							
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 153674 </div>	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 8-2-16 </td> </tr> <tr> <td> Name (type or print): MICHAEL A. SMITH </td> <td> Title: MANAGER </td> </tr> </table>			Signature: 	Date: 8-2-16	Name (type or print): MICHAEL A. SMITH	Title: MANAGER
Signature: 	Date: 8-2-16						
Name (type or print): MICHAEL A. SMITH	Title: MANAGER						