

No. W 65740	Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LAREE HOWARD 155 NORTH 5TH WEST REXBURG ID 83440																																			
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. HOWARD ENTERPRISES, LLC LAREE HOWARD 155 NORTH 5TH WEST REXBURG ID 83440-1418		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Laree Howard</td> <td>155 N. 5th W</td> <td>Rexburg Id</td> <td>Madison</td> <td></td> <td>83440-1418</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bob J Howard</td> <td>155 N. 5th W</td> <td>Rexburg ID</td> <td>Madison</td> <td></td> <td>83440-1418</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"/>	Laree Howard	155 N. 5th W	Rexburg Id	Madison		83440-1418	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bob J Howard	155 N. 5th W	Rexburg ID	Madison		83440-1418	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;"> IDAHO W 65740 </div>	6. Signature: <u>Laree Howard</u> Date: <u>9-13-2014</u> Name (type or print): <u>Laree Howard</u> Title: <u>Manager</u>																																					