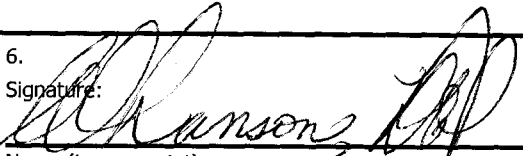


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| No. W 33918 | Due no later than Oct 31, 2016 Annual Report Form | 2. Registered Agent and Office (NOT A P.O. BOX) A LEON HANSON 4514 SNAKE RIVER RD BUHL ID 83316 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. ALH, L.L.C. A LEON HANSON <i>1717 DORA DRIVE N.</i> 4514 SNAKE RIVER MESA RD BUHL ID 83316 <i>TWIN FALLS, ID 83301</i> | 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"/> | | JEAN E HANSON (SECRETARY) | 1717 DORA DR. N. | TWIN FALLS | ID | | 83301 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | | A LEON HANSON (PRESIDENT) | 1717 DORA DR. N. | " | " | " | " |
| 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-weight: bold;">IDAHO W 33918</div> | 6. Signature:  <hr/> Name (type or print): <i>A. LEON HANSON</i> <div style="float: right; text-align: right;"> Date: <i>9/2/16</i> <hr/> Title: <i>PRESIDENT</i> </div> |
|--|---|