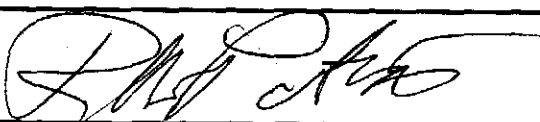


No. <b>W 125296</b>	<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT O PATRICK 1850 POLE CREEK RD COUNCIL ID 83612
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> PATRICK & SONS LLC. PO BOX 817 COUNCIL ID 83612		3. <u>New</u> Registered Agent Signature.
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			

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 checked="" type="checkbox"/>	ROBERT PATRICK	Box 817	COUNCIL ID	ADAMS		83612
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;"> <b>IDAHO</b>  <b>W 125296</b> </div>	6. Signature:  Date: <u>March 30 2015</u> <hr/> Name (type or print): <u>Robert Patrick</u> Title: <u>Myr</u>
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Issued 03/25/2015 by DK1
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