

INSTRUCTIONS ON REVERSE SIDE

ISSUED BY CHARTER

No. 1121	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		PATRICIA ROEMER																
	1. Mailing Address - Please Correct If Not Correct		100 RIVER ST																
	SOUPCON, L.L.C. PATRICIA ROEMER P.O. BOX 30 KETCHUM ID 83340		Arrowleaf KETCHUM ID 83340 SunValley 83352 3. Organized Under The Laws of ID NO: 1121																
4. Names and Addresses of ☐ Managers or ☒ Members (check one) MUST BE PRINTED OR TYPED																			
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Patricia Roemer</td> <td>100 Arrowleaf</td> <td>SunValley</td> <td>Idaho</td> <td>83353</td> </tr> <tr> <td>Linda Barker</td> <td>516 Bluebell</td> <td>SunValley</td> <td>Idaho</td> <td>83352</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	Patricia Roemer	100 Arrowleaf	SunValley	Idaho	83353	Linda Barker	516 Bluebell	SunValley	Idaho	83352
Name	Street or P.O. Address	City	State	Zip															
Patricia Roemer	100 Arrowleaf	SunValley	Idaho	83353															
Linda Barker	516 Bluebell	SunValley	Idaho	83352															
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>P. Roemer</u> Date <u>7-18-95</u> Name (Typed or Printed) <u>Patricia Roemer</u>																	