

No. <b>W 100049</b>	Due no later than Jan 31, 201 <b>5</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT T MOATE 2945 E SELTICE POST FALLS ID 83877
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MOATE HOLDINGS, LLC PO BOX 685 POST FALLS ID 83877		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"/>	Robert Moate	PO Box 685	Post Falls	ID		83877
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Terry Moate	PO Box 685	Post Falls	ID		83877
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Randy Moate	PO Box 685	Post Falls	ID		83877
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 100049</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  <u>Robert T. Moate</u> </td> <td style="width: 40%;">           Date:  <u>11/23/15</u> </td> </tr> <tr> <td>           Name (type or print):  <u>ROBERT T. Moate</u> </td> <td>           Title:  <u>Manager</u> </td> </tr> </table>	Signature: <u>Robert T. Moate</u>	Date: <u>11/23/15</u>	Name (type or print): <u>ROBERT T. Moate</u>	Title: <u>Manager</u>
Signature: <u>Robert T. Moate</u>	Date: <u>11/23/15</u>				
Name (type or print): <u>ROBERT T. Moate</u>	Title: <u>Manager</u>				

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