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|--|---|---|---|-------------|----------------|-----------------------------------|--|
| No. <b>W 142363</b>  | <b>Due no later than Sep 30, 2016</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address ( <b>NO PO BOX</b> )      |             |                |                                   |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>E&F ONIONS, LLC<br>PO BOX 460<br>IONA ID 83427 |   | NEWMAN GILES<br>4050 E LINCOLN RD<br>IDAHO FALLS ID 83401 |             |                |                                   |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |   |   | 3. <u>New</u> Registered Agent Signature:*                |             |                |                                   |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |   |   |   |             |                |                                   |  |
| Office Held<br>MEMBER  | Name<br>NEWMAN GILES  | Street or PO Address<br>4050 E LINCOLN RD | City<br>IDAHO FALLS                                       | State<br>ID | Country<br>USA | Postal Code<br>83401              |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 142363</b>                                | 6. Annual Report must be signed.*<br><br>Signature: Newman Giles<br>Name (type or print): Newman Giles          |   |   |             |                | Date: 08/08/2016<br>Title: Member |  |
| Processed 08/08/2016   | * Electronically provided signatures are accepted as original signatures.                                       |   |   |             |                |                                   |  |