| No. W 23060 | | Due no later than Mar 31, 2018 | | 2. Registered Ager | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---|---|--|---------|-------------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annı | ral Report Form Strain Correct in this box if needed. Strain Correct in this box if needed. | STEVE THEOBA 2662 LAKEVIEW AMERICAN FALL | STEVE THEOBALD 2662 LAKEVIEW RD AMERICAN FALLS ID 83211 3. New Registered Agent Signature:* | | | |
| 4. Limited Liability Compan | ies: Enter Na | mes and Addresses of at | least one Member or Manager. | 1 | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| Manager Manager Member | STEVE THEOBALD GARN W THEOBALD BRIAN THEOBALD | | 2662 LAKEVIEW RD 2662 LAKEVIEW RD 4100 SANTA ANA | AMERICAN FALLS AMERICAN FALLS FARMINGTON, | | USA | 83211 83211 87402 | |
| MEMBER | KEN HOLMA | N | 2662 LAKEVIEW RD. | AMERICAN FALLS, | ID | USA | 83211 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 23060 | | Signature: Mary McLean | | Date: 04/13/2018 | | | | |
| | | Name (type or print): Mary McLean | | Title: Accounts Administrator | | | | |
| Processed 04/13/2018 | | Electronically provided signatures are accepted as original signatures. | | | | | | |