| No. W 16490 | | Due no later than Sep 30, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-------------------|---|----------------------|---|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. AFT, LLC STEVEN D. PETERSON PO BOX 5827 TWIN FALLS ID 83303 | | | STEVEN D PETERSON 3196 LAURELWOOD TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held N | lame | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER S | STEVEN D PETERSON | | 3196 LAURELWOOD | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: STEVEN D. PETERSON | | | Date: 07/26/2017 | | | |
| W 16490 | | Name (type or print): STEVEN D. PETERSON | | | Title: REGISTERED AGENT | | | |
| Processed 07/26/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |