| Due No Later Than November 30,    Sand Ra Kimble   Sand R |  |   | La Company of AROLEMAN                               |
|--|--|---|--|
| eturn to: SECRETARY OF STATE TOO WEST JEFFERSON PO BOX 33720 BOISE, ID 83720-0080  NO FEE REQUIRED  ** FIRST NOTICE ** Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  P.O. BOY 376  WY 93 NORTH CHALLIS ID 8: 3. Organized Under the Laws of:  ### FIRST NOTICE ** Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  P.O. BOY 376  Challes  Signature of New Registered Agent  Signature of New Registered Agent  Signature Managers  Title  Sec.  Name  Name  Title  Sec.  | C110705                                    | Annual Report Form  | 99 2. Registered Agent and Office NOT A P.O. BOX     |
| KIMBLE CIL, INC.  HWY 93 NORTH CHALLIS ID 85  NO FEE REQUIRED  NO FEE REQUIRED  FIRST NOTICE *  Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  City State  P.O. BOY 376  Chacus Sel 53  Chacus Sel 53  Signature of New Registered Agent  Signature of New Registered Agent  Signature Manager or Signature Manager or Chacus Sel 53  Signature of New Registered Agent  Name  Figured or Sandar Manager  Signature Manager  Name  Figured or Sandar Manager  Title Sec Title  Name  Figured or Sandar Manager  Title Sec Title  Sec Ti | X: im. 1. (V                               |   |  |
| NO FEE REQUIRED  NO FEE REQUIRED  PO BOX 376  HWY 93 NORTH  CHALLIS  Limited Liability Companies: Enter Names and Addresses of President, Secretary and Directors  Limited Liability Companies: Enter Names and Addresses of Managers or Managers or Managers (check one)  Office held  Name  Street or P.O. Address  City  State  HALLIS  JD 83226  ID C11070  Check one)  Office held  Name  Street or P.O. Address  City  State  HALLIS  JO 93 NORTH  CHALLIS  JO 93 NORTH  CHALLIS  JO 94 NORTH  CHALLIS  JO 95 NORTH  | ST JEFFERSON                               |   | HWY 93 NORTH   |
| HWY 93 NORTH  FIRST NOTICE * CHALLIS ID 83226 ID C11070  Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State  Office held Name Pro. Boy 376 Chacus Sel 833  LC Souther The Street or P.O. Boy 376 Chacus Sel 833  Signature of New Registered Agent Signature Managers or Manager | ID 83720-0080                              |   | CHALLIS ID 83226                                     |
| Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name Street or P.O. Address  City State  P.O. BAY376  Chaules  Signature of New Registered Agent  Signature  Signature  Signature  Signature  Sanna Managers  Address  City State  Chaules  Sco.  Name  Signature  Signature  Signature  Signature  Sanna Managers  Title  Sec.   | EE KEQUIKED                                |   | 3. Organized Under the Laws of:                      |
| Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name Street or P.O. Address City State  P.O. BOY376  Chaucus Sel 833  LC South Friedding Signature of New Registered Agent  6.  Signature of New Registered Agent  Name  Office held  Name Street or P.O. Address City State  Chaucus Sel 833  Name  Office held  Office held  Name  Office held  Office held  Name  Office held  Office hel |  |   | ID C110705   |
| Signature of New Registered Agent  Signature Signature Standard Management Date 1-17-99  Name Printed Sannon Management Sec.   | ed Liability Companies: Enter N  held Name | Names and Addresses of Managers or Mamil                            | bers (check one) <u>City</u> <u>State</u> <u>Zip</u> |
| Princeal)  |  |   |  |
| ISSUED: 07-03-1999 2313  | iture of New Registered Ag                 | Signature Madre M   | ble Title Sec .                                      |
|  |  | Signature Madre M. Signature Name (Typed or Signature M. Signature) | ble Title Sec.  2313                                 |
|  |  | Signature Madre M. Signature Name (Typed or Signature M. Signature) | bleTitleSec  |