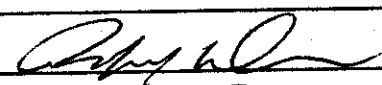


No. W 33093	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable DOIRON ENTERPRISES LLC 12367 W CLOVER MEADOWS DR BOISE, ID 83713		ROBERT W DOIRON 12367 W CLOVER MEADOWS DR BOISE, ID 83713												
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members.															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Owner</td> <td style="vertical-align: top;">Robert Doiron</td> <td style="vertical-align: top;">12367 W. Clover Meadows Dr.</td> <td style="vertical-align: top;">Boise</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83713</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner	Robert Doiron	12367 W. Clover Meadows Dr.	Boise	ID	83713
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner	Robert Doiron	12367 W. Clover Meadows Dr.	Boise	ID	83713										
5. Organized Under the Laws of: IDAHO W 33093		6. Signature <u></u> Date <u>7/12/17</u> Name <small>(Typed or Printed)</small> <u>Robert Doiron</u> Title <u>Owner</u>													

Issued 07/02/2007

Do Not Tape or Staple

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