No. W 81829		Due no later than Feb 28, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. EOS AG PRODUCTS, LLC BEN LONGENECKER PO BOX 1845		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1010 JUSTICI	JON LONGENECKER 1010 JUSTICE GRADE HAGERMAN ID 83332			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		TWIN FALLS ID 83301 USA 3. New Registered Agent Signature ames and Addresses of at least one Member or Manager.		ignature:*				
Office Held	Name	nes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JON W LONGENECKER BEN I LONGENECKER		1010 JUSTICE GRADE 1031 PARK AVE	HAGERMAN KIMBERLY	ID ID	USA USA	83332 83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Benjamin Longenecker Date: 01/09/2014						
W 81829		Name (type or print): Benjamin Longenecker Title: Partner						
Processed 01/09/2014 * Electronically provided signatures are accepted as original signatures.								