

| | | | | | | |
|--|---|--|--|------------------------------------|---------|-------------|
| No. W 119830 | Due no later than Dec 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | LYNN MICKELSEN 987 S 55TH W IDAHO FALLS ID 83402 | | | |
| | LYNN MICKELSEN, LLC LYNN MICKELSEN 987 S 55TH W IDAHO FALLS ID 83402 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | LYNN A. MICKELSEN | 987 SOUTH 55TH WEST | IDAHO FALLS | ID | USA | 83402 |
| 5. Organized Under the Laws of: ID W 119830 | | 6. Annual Report must be signed.* Signature: Lynn Mickelsen Name (type or print): Lynn Mickelsen | | Date: 10/13/2015 Title: Manager | | |
| Processed 10/13/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |