No. W 27915		Annual Report Form 1. Mailing Address: Correct in this box if needed. SCHWENDIMAN, SUTTON & SIMMONS PLLC RANDALL M SCHWENDIMAN 39 PROFESSIONAL PLZ		2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					RANDALL M SCHWENDIMAN 39 PROFESSIONAL PLAZA REXBURG ID 83440			
				3. <u>New</u> Re	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	nes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	RANDALL D SUTTON		39 PROFESSIONAL PLZ	REXBURG	G ID		83440	
MANAGER LYLE M SIMMONS		MONS	39 PROFESSIONAL PLZ	REXBURG	G ID		83440	
MANAGER	RANDALL M	SCHWENDIMAN	39 PROFESSIONAL PLZ	REXBURG	G ID		83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 27915		Signature: RANDALL M SCHWENDIMAN			Date: 11/13/2015			
		Name (type or print): RANDALL M SCHWENDIMAN			Т	Title: MEMBER		
Processed 11/13/2015		* Electronically provided signatures are accepted as original signatures.						