

|                                                                                                                                                        |                |                                                                                                                                           |          |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 117423</b>                                                                                                                                    |                | <b>Due no later than Sep 30, 2017</b>                                                                                                     |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SOIL LOGIC LLC<br>JUDY SCHWEIGER<br>3515 W PINE AVE<br>MERIDIAN ID 83642 |          | GARY SCHWEIGER<br>3515 W PINE AVE<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                           |          | 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 |  |
| MEMBER                                                                                                                                                 | GARY SCHWEIGER | 3515 W. PINE AVE.                                                                                                                         | MERIDIAN | ID                                                     | USA     | 83642       |  |
| MEMBER                                                                                                                                                 | JUDY SCHWEIGER | 3515 W. PINE AVE.                                                                                                                         | MERIDIAN | ID                                                     | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 117423</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: JUDY sCHWEIGER<br>Name (type or print): JUDY sCHWEIGER<br>Date: 09/08/2017<br>Title: Pres |          |                                                        |         |             |  |
| Processed 09/08/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                 |          |                                                        |         |             |  |