

|  |               |  |            |   |         |                        |  |
|--|---------------|--|------------|---|---------|------------------------|--|
| No. <b>W 126157</b>  |               | <b>Due no later than Jun 30, 2014</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>OSTERKAMP ENTERPRISES, LLC<br>JIM A OSTERKAMP<br>2506 E 3707 N<br>TWIN FALLS ID 83301 |            | JIM A OSTERKAMP<br>2506 E 3707 N<br>TWIN FALLS ID 83301 |         |                        |  |
|  |               |  |            | 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   | JIM OSTERKAMP | 2506 E 3707 N  | TWIN FALLS | ID  | USA     | 83301                  |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |            |   |         |                        |  |
| <b>ID<br/>W 126157</b>   |               | Signature: Jim Osterkamp   |            |   |         | Date: 04/21/2014       |  |
|  |               | Name (type or print): Jim Osterkamp  |            |   |         | Title: Managing Member |  |
| Processed 04/21/2014   |               | * Electronically provided signatures are accepted as original signatures.  |            |   |         |                        |  |