

No. <b>W 6882</b>	<b>Annual Report Form 1999</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>JEFFREY A WARR</b> <b>812 SHOSHONE ST E</b>  <b>TWIN FALLS ID 83301</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct if Not Correct <b>ASPEN ENGINEERING, LLC</b>  <b>812 SHOSHONE ST E</b>  <b>TWIN FALLS ID 83301</b>		3. Organized Under the Laws of:  <b>ID W 6882</b>

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Robert E. Hogstrom	2990 9th Ave E.	TWIN FALLS	ID	83301
Manager	Tracy A. Ahrens	152 E. 300 S.	Jerome	ID	83338
Manager	SCOTT L. Bybee	500 S. 23 E.	Jerome	ID	83338

5. Signature of New Registered Agent	6. <table border="0"> <tr> <td>Signature</td> <td><u>Robert E. Hogstrom</u></td> <td>Date</td> <td><u>8/19/99</u></td> </tr> <tr> <td>Name (Type or Print)</td> <td><u>Robert E. Hogstrom</u></td> <td>Title</td> <td><u>Manager</u></td> </tr> </table>	Signature	<u>Robert E. Hogstrom</u>	Date	<u>8/19/99</u>	Name (Type or Print)	<u>Robert E. Hogstrom</u>	Title	<u>Manager</u>
Signature	<u>Robert E. Hogstrom</u>	Date	<u>8/19/99</u>						
Name (Type or Print)	<u>Robert E. Hogstrom</u>	Title	<u>Manager</u>						

ISSUED: 07-03-1999

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