

|                                                                                                                                                        |                |                                                                                                                                                   |          |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 100304</b>                                                                                                                                    |                | <b>Due no later than Feb 28, 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>HOLCOMB AND SONS LLC<br>NICHOLAS HOLCOMB<br>5256 W MCMURTREY ST<br>MERIDIAN ID 83646 |          | NICHOLAS HOLCOMB<br>5256 W MCMURTREY ST<br>MERIDIAN ID 83646 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                   |          | 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                                                                                                                                                 | NICK D HOLCOMB | 5256 W MCMURTREY STREET                                                                                                                           | MERIDIAN | ID                                                           | USA     | 83646            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                 |          |                                                              |         |                  |  |
| <b>ID<br/>W 100304</b>                                                                                                                                 |                | Signature: Nick Holcomb                                                                                                                           |          |                                                              |         | Date: 01/22/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Nick Holcomb                                                                                                                |          |                                                              |         | Title: Owner     |  |
| Processed 01/22/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                         |          |                                                              |         |                  |  |