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| No. W 64597 | | Due no later than Jul 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. P R 93 LLC JIM PRIMM PO BOX 2076 TWIN FALLS ID 83301 | | JIM PRIMM 3345E 4050N TWIN FALLS ID 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name JAMES R PRIMM | Street or PO Address 3345 E 4050 N | | City TWIN FALLS | State ID | Country | Postal Code 83301 |
| 5. Organized Under the Laws of: ID W 64597 | | 6. Annual Report must be signed.* Signature: James R Primm Name (type or print): James R Primm Date: 05/17/2017 Title: member | | | | | |
| Processed 05/17/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |