

|                                                                                                                                                        |               |                                                                                                                                            |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 96237</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2016</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>CBI OFFROAD FAB, LLC<br>HAL WRIGHT<br>PO BOX 1683<br>IDAHO FALLS ID 83403 |             | HAL WRIGHT<br>2910 WOODBRIDGE CIR<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                            |             | 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                                                                                                                                                 | NATHAN WRIGHT | P.O. BOX 1683                                                                                                                              | IDAHO FALLS | ID                                                        | USA     | 83401       |  |
| MANAGER                                                                                                                                                | HAL WRIGHT    | 2910 WOODBRIDGE                                                                                                                            | IDAHO FALLS | ID                                                        | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 96237</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Hal Wright<br>Name (type or print): Hal Wright                                             |             |                                                           |         |             |  |
|                                                                                                                                                        |               | Date: 07/27/2016<br>Title: Manager                                                                                                         |             |                                                           |         |             |  |
| Processed 07/27/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                  |             |                                                           |         |             |  |