

| <p>No. W 159624</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p> | <p>Due no later than Dec 31, 2017 Annual Report Form</p> <p>1. Mailing Address: Correct in this box if needed. RAFCO INVESTMENTS, LLC RUNE F FROSSMAN PO BOX 790 TROY ID 83871-0790</p> <p>RUNE A. FROSSMO</p> | <p>2. Registered Agent and Office (NOT A P.O. BOX) RUNE F FROSSMAN 1405 WALLEN RD TROY ID 83871-0790</p> <p>3. New Registered Agent Signature.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|-----------------|--------------|------|-------|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>RUNE A. FROSSMO</td> <td>P.O. BOX 790</td> <td>Troy</td> <td>IDAHO</td> <td></td> <td>83871-0790</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | RUNE A. FROSSMO | P.O. BOX 790 | Troy | IDAHO | | 83871-0790 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | RUNE A. FROSSMO | P.O. BOX 790 | Troy | IDAHO | | 83871-0790 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Organized Under the Laws of: IDAHO W 159624</p> | <p>6. Signature: <i>[Signature]</i> Date: 12/12-2017</p> <p>Name (type or print): RUNE A. FROSSMO Title:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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