

No. W 20877		Due no later than Sep 30, 2016 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. ROBERT S. CONNER LLC ROBERT S. CONNER PO BOX 392 NEW MEADOWS ID 83654		ROBERT S CONNER 417 SPEER ST NEW MEADOWS ID 83654			
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 MANAGER	Name ROBERT S CONNER	Street or PO Address 417 SPEER ST		City NEW MEADOWS	State ID	Country	Postal Code 83654
5. Organized Under the Laws of: ID W 20877		6. Annual Report must be signed.* Signature: Robert S. Conner Name (type or print): Robert S. Conner Date: 07/31/2016 Title: Owner					
Processed 07/31/2016 * Electronically provided signatures are accepted as original signatures.							