

|  |               |  |            |  |         |                  |  |
|--|---------------|--|------------|--|---------|------------------|--|
| No. <b>W 83586</b>   |               | <b>Due no later than Apr 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>TWIN FALLS TRADING COMPANY LLC<br>BOB MALONEY<br>590 ADDISON AVE<br>TWIN FALLS ID 83301 |            | ROBERT J MALONEY<br>590 ADDISON AVE<br>TWIN FALLS ID 83301 |         |                  |  |
|  |               |  |            | 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   | BOB J MALONEY | 590 ADDISON AVE  | TWIN FALLS | ID   | USA     | 83301            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |            |  |         |                  |  |
| <b>ID<br/>W 83586</b>  |               | Signature: Bob Maloney   |            |  |         | Date: 02/24/2016 |  |
|  |               | Name (type or print): Bob Maloney  |            |  |         | Title: Member    |  |
| Processed 02/24/2016   |               | * Electronically provided signatures are accepted as original signatures.  |            |  |         |                  |  |