

|                                                                                                                                                        |                   |                                                                                                                                                         |         |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 4876</b>                                                                                                                                      |                   | <b>Due no later than Oct 31, 2018</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>NEIBAUR PROPERTIES, L.L.C.<br>MITCHEL C NEIBAUR<br>P.O. BOX 217<br>REXBURG ID 83440<br>USA |         | MITCHEL C NEIBAUR<br>127 E. MAIN<br>REXBURG ID 83440 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                         |         | 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      |  |
| MANAGER                                                                                                                                                | MITCHEL C NEIBAUR | P.O. BOX 217                                                                                                                                            | REXBURG | ID                                                   | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                       |         |                                                      |         |                  |  |
| <b>ID<br/>W 4876</b>                                                                                                                                   |                   | Signature: Mitchel C Neibaur                                                                                                                            |         |                                                      |         | Date: 08/28/2018 |  |
|                                                                                                                                                        |                   | Name (type or print): Mitchel C Neibaur                                                                                                                 |         |                                                      |         | Title: manager   |  |
| Processed 08/28/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                               |         |                                                      |         |                  |  |