No. <b>W 7189</b> Return to:		Due no later than Oct 31, 2015	2. Registered Agent and Address (NO PO BOX) SHAWN D BOYLE			
		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<ol> <li>Mailing Address: Correct in this box if needed.</li> </ol>	3875 AMERICAN WAY IDAHO FALLS ID 83402			
		LP PROPANE, L.L.C. COLE HALL PO BOX 50620	3. New Registered Agent Signature:*			
		IDAHO FALLS ID 83405				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies	s: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held N	ame	Street or PO Address	City	State	Country	Postal Code
MEMBER ANDREA HAL		L 3875 AMERICAN WAY	IDAHO FALLS	ID	USA	83402
MEMBER BI	rad h hal	L 3875 AMERICAN WAY	<b>IDAHO FALLS</b>	ID	USA	83402
MANAGER C	OLE HALL	3875 AMERICAN WAY	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 7189		Signature: Shawn Boyle	Date: 08/25/2015			
		Name (type or print): Shawn Boyle	Title: Agent			
Processed 08/25/2015	* Electronically provided signatures are accepted as original signatures.					