| No. W 68317 | | Due no later than Nov 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------|--|---------------------------------------|---|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DARON BROWN SMALL TRACTOR WORKS, LLC DARON L BROWN 3624 MT. OLYMPUS TWIN FALLS ID 83301 | | DARON BROWN 3624 MT. OLYMPUS | | | | |
| | | | | | TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Nai | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | DARON L BI | ROWN | 3624 MT. OLYMPUS | | TWIN FALLS | ID | | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 68317 | | Signature: Daron L Brown | | | Date: 09/18/2017 | | | |
| | | Name (type or print): Daron L Brown | | | Title: Owner | | | |
| Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |