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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------------------|
| No. <b>W 13327</b>                                                                                                                                     |                   | <b>Due no later than Oct 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SAGE ENVIRONMENTAL SERVICES, LLC<br>BRENDA L MAGNUSON<br>18123 N HIGHFIELD WAY<br>BOISE ID 83714<br>USA |       | BRENDA L MAGNUSON<br>18123 N HIGHFIELD WAY<br>BOISE ID 83714 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                                           |       | 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                                                                                                                                                | BRENDA L MAGNUSON | 18123 N HIGHFIELD WAY                                                                                                                                                                                     | BOISE | ID                                                           | 83714               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 13327</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Brenda Magnuson<br>Name (type or print): Brenda Magnuson<br>Date: 11/18/2016<br>Title: Manager/Owner                                                      |       |                                                              |                     |
| Processed 11/18/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                 |       |                                                              |                     |