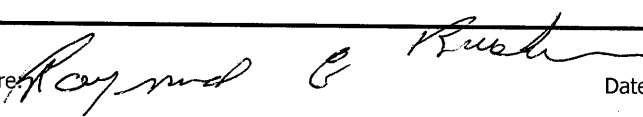


No. W 69443	Due no later than Dec 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT L POORMAN 8884 N GOVERNMENT WAY STE D HAYDEN ID 83835							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GIVE THE DOG A BONE, LLC ORINE M ROEHR PO BOX 1329 SPIRIT LAKE ID 83869		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ORINE M ROEHR PO BOX 1329 SPIRIT LAKE, ID, KOOTENAI 83869									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RAY ROEHR PO BOX 1329 SPIRIT LAKE, ID, KOOTENAI 83869									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 69443 </div>		6. Signature:  <hr/> Name (type or print): <u>RAYMOND E ROEHR</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>11-6-12</u> <hr/> Title: <u>VP</u> <hr/> </div> </div>								
Issued 11/01/2012 by SLD		103833								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM