

No. 836	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																
Return To: Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		M R MICKELSON, M.D. 560 MEMORIAL DR																
	1 Mailing Address - Please Correct If Not Correct																		
	BENGAL EQUIPMENT LEASING, L.L.C. M R MICKELSON, M.D. 560 MEMORIAL DR		POCATELLO ID 83201																
	POCATELLO ID 83201		3. Organized Under The Laws of ID NO: 836																
4. Names and Addresses of ☐ Managers or ☒ Members (check one) <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>M.R. MICKELSON</td> <td>560 Memorial DR</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>KENNETH E NEWHOUSE</td> <td>560 memorial DR</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	M.R. MICKELSON	560 Memorial DR	Pocatello	ID	83201	KENNETH E NEWHOUSE	560 memorial DR	Pocatello	ID	83201	MUST BE PRINTED OR TYPED	
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KENNETH E NEWHOUSE	560 memorial DR	Pocatello	ID	83201															
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Ryan Hall</u> Date <u>8/8/95</u> Name (Typed or Printed) <u>RYAN HALL</u>																	