

|  |                  |   |           |  |         |             |  |
|--|------------------|---|-----------|--|---------|-------------|--|
| No. <b>W 30238</b>   |                  | <b>Due no later than Apr 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br>ROCKY WEST SERVICES, LLC<br>KRISTOPHER C KELLY<br>4500 YELLOWSTONE<br>POCATELLO ID 83202 |           | KRIS KELLY<br>4500 YELLOWSTONE<br>POCATELLO ID 83202 |         |             |  |
|  |                  |   |           | 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 |  |
| MEMBER   | KRIS KELLY       | 4500 YELLOWSTONE  | POCATELLO | ID   |         | 83202       |  |
| MEMBER   | SARA K CAVANAUGH | 4500 YELLOWSTONE AVE.   | POCATELLO | ID   | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 30238</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Sara Cavanaugh<br>Name (type or print): Sara Cavanaugh<br>Date: 02/23/2017<br>Title: Member           |           |  |         |             |  |
| Processed 02/23/2017   |                  | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |