| No. <b>W 28887</b>   | Due no later than Feb 28, 2015 2. Registered Agent and Address (NO PO I   |   |                                     |         | PO BOX)     |  |
|--|---|---|-------------------------------------|---------|-------------|--|
| Return to:   | Annual Report Form  |   | JOHN D MANDERE                      |         |             |  |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.                        | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | 13964 N OHIO<br>RATHDRUM 83858      |         |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                   | SPIKER & MANDERE, L.L.C. JOHN D MANDERE 13964 NORTH OHIO                  | KATHDRUM                                |                                     |         |             |  |
|  | RATHDRUM ID 83858   | 3. <u>New</u> Register                  | 3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   | USA   |   |                                     |         |             |  |
| 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 JOHN D N   |   | RATHDRUM                                | ID                                  |         | 83858       |  |
| MANAGER JOHN D.S   | PIKER 8580 W YOSEMITE   | RATHDRUM                                | ID                                  |         | 83858       |  |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*                           |   |   |                                     |         |             |  |
| ID   | Signature: John Mandere   | Date: 02/02/2015                        |                                     |         |             |  |
| W 28887  | Name (type or print): John Mandere  |   | Title: Manager                      |         |             |  |
| Processed 02/02/2015   | * Electronically provided signatures are accepted as original signatures. |   |                                     |         |             |  |