No. W 141771		Due no later than Sep 30, 2015 Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AGSENSE, LLC AGSENSE LLC PO BOX 53 HURON SD 57350		425 S HOLMI IDAHO FALLS	SCOTT P ESKELSON 425 S HOLMES AVE IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER NANCY SCHILTZ		ILTZ	1668 MCCLELLAN DRIVE	HURON	SD	USA	57350	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
SD		Signature: Nancy Schiltz		Date: 09/	Date: 09/02/2015			
W 141771		Name (type or print): Nancy Schiltz		Title: Ac	Title: Accounting Manager			
Processed 09/02/2015 * Electronically provided signatures are accepted as original signatures.								