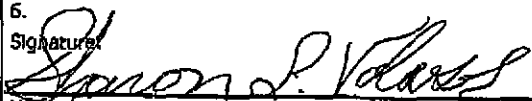


11/02/2016 10:40 FAX

001/001

No. W 13884 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) SHARON L VOLOVSEK 353 RIVER RUN RD CHALLIS ID 83226 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. VOLOVSEK LLC MISTY M STEGEMAN PO BOX 859 CHALLIS ID 83226																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>Manager ☒ Member ☒</td> <td>Kenneth Volovsek</td> <td>PO Box 859</td> <td>Challis</td> <td>Id</td> <td></td> <td>83226</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>SHARON Volovsek</td> <td>PO Box 859</td> <td>Challis</td> <td>Id</td> <td></td> <td>83226</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☒	Kenneth Volovsek	PO Box 859	Challis	Id		83226	Manager ☐ Member ☒	SHARON Volovsek	PO Box 859	Challis	Id		83226	Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager ☒ Member ☒	Kenneth Volovsek	PO Box 859	Challis	Id		83226																															
Manager ☐ Member ☒	SHARON Volovsek	PO Box 859	Challis	Id		83226																															
Manager ☐ Member ☐																																					
Manager ☐ Member ☐																																					
5. Organized Under the Laws of: IDAHO W 13884	6. Signature:  Name (type or print): Sharon L. Volovsek Date: 11-2-16 Title: Member																																				

Issued 11/02/2016 by SLD

126049