

|                                                                                                                                                        |                    |                                                                                                                                                                   |       |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 113225</b>                                                                                                                                    |                    | <b>Due no later than Apr 30, 2018</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><br>INLAND NORTHWEST IMPLEMENT, LLC<br>BROOK THOMAS POLEK<br>1070 VASSAR MEADOW RD<br>DEARY ID 83823 |       | BROOK THOMAS POLEK<br>1070 VASSAR MEADOW RD<br>DEARY ID 83823 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                   |       | 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                                                                                                                                                 | BROOK THOMAS POLEK | 1070 VASSAR MEADOW RD                                                                                                                                             | DEARY | ID                                                            | USA     | 83823       |  |
| MEMBER                                                                                                                                                 | CHARLENE RAE POLEK | 1070 VASSAR MEADOW RD                                                                                                                                             | DEARY | ID                                                            | USA     | 83823       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 113225</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: BROOK THOMAS POLEK<br>Name (type or print): BROOK THOMAS POLEK<br>Date: 03/11/2018<br>Title: MEMBER               |       |                                                               |         |             |  |
| Processed 03/11/2018                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                         |       |                                                               |         |             |  |