| No. W 6860 Return to: | | Due no later than Sep 30, 2015 Annual Report Form | | _ | 2. Registered Agent and Address (NO PO BOX) JERRY L CLONINGER | | | |
|--|----------------|---|-----------------------------------|---------|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CLONCO L.L.C. JERRY CLONINGER PO BOX 728 KAMIAH ID 83536 | | | 508 THIRD ST HWY 12 KAMIAH ID 83536 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compan | ies: Enter Nai | mes and Addresses of | f at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | C | ity | State | Country | Postal Code |
| MANAGER | JERRY L CL | ONINGER | PO BOX 728 | К | AMIAH | ID | | 83536 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: JERRY CLONINGER | | | Date: 07/29/2015 | | | |
| W 6860 | | Name (type or print): JERRY CLONINGER | | | Title: MANAGER | | | |
| Processed 07/29/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |