

|  |                |   |             |   |         |                  |  |
|--|----------------|---|-------------|---|---------|------------------|--|
| No. <b>W 135138</b>  |                | <b>Due no later than Mar 31, 2015</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>ANDERSON, ASHTON & ASSOCIATES L.L.C.<br>DAVID R ANDERSON<br>11269 AUGUSTA DR<br>IDAHO FALLS ID 83404 |             | DAVID R ANDERSON<br>11269 AUGUSTA DR<br>IDAHO FALLS 83404 |         |                  |  |
|  |                |   |             | 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   | DAVID ANDERSON | 11269 AUGUSTA DR  | IDAHO FALLS | ID  | USA     | 83404            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |             |   |         |                  |  |
| <b>ID<br/>W 135138</b>   |                | Signature: ROBERT CRANDALL  |             |   |         | Date: 03/09/2015 |  |
|  |                | Name (type or print): ROBERT CRANDALL   |             |   |         | Title: AGENT     |  |
| Processed 03/09/2015   |                | * Electronically provided signatures are accepted as original signatures.   |             |   |         |                  |  |