

|                                                                                                                                                        |                |                                                                                                                                                                                               |            |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 101271</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RUGGED BIOCHAR OF IDAHO, LLC<br>DAVID S WRIGHT<br>2862 ADDISON AVE E<br>TWIN FALLS ID 83301 |            | DAVID S WRIGHT<br>2862 ADDISON AVE E<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                               |            | 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 S WRIGHT | 2862 ADDISON AVE E                                                                                                                                                                            | TWIN FALLS | ID                                                          | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 101271</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: David S Wright<br>Name (type or print): David S Wright<br>Date: 03/21/2016<br>Title: Member                                                   |            |                                                             |         |             |  |
| Processed 03/21/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |            |                                                             |         |             |  |