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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------|
| No. <b>W 47246</b>                                                                                                                                     |                | <b>Due no later than Feb 28, 2017</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>                                                                                                       |        | BRUCE WHITMIRE<br>520 S 800 E<br>JEROME ID 83338   |                     |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>RISK LLC (THE)<br>BRUCE WHITMIRE<br>520 S 800 E<br>JEROME ID 83338 |        | 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                                                                                                                                                 | BRUCE WHITMIRE | 520 S 800 E                                                                                                                     | JEROME | ID                                                 | 83338               |
| MEMBER                                                                                                                                                 | JACK L DOBBINS | 520 S 800 E                                                                                                                     | JEROME | ID                                                 | 83338               |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                               |        |                                                    |                     |
| <b>ID<br/>W 47246</b>                                                                                                                                  |                | Signature: bruce whitmire                                                                                                       |        | Date: 02/21/2017                                   |                     |
|                                                                                                                                                        |                | Name (type or print): bruce whitmire                                                                                            |        | Title: member                                      |                     |
| Processed 02/21/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                       |        |                                                    |                     |