

No. W 70791		Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WHOLESALER, LLC (THE) DEAN KULM 560 MAIN AVE S TWIN FALLS ID 83301		DEAN KULM 560 MAIN AVE S TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DEAN KULM	Street or PO Address 445 PARK AVE		City TWIN FALLS	State ID	Country	Postal Code 83301
5. Organized Under the Laws of: ID W 70791		6. Annual Report must be signed.* Signature: DEAN KULM Name (type or print): DEAN KULM Date: 01/30/2016 Title: MEMBER					
Processed 01/30/2016 * Electronically provided signatures are accepted as original signatures.							