

No. W 34126	Due no later than Oct 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CRIPE DISTRIBUTING, LLC RONALD CRIPE PO BOX 41 NAMPA ID 83653-0041		RONALD CRIPE 3921 E MAN O WAR LN NAMPA ID 83686			
			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	RONALD CRIPE	4631 AERONCA ST	BOISE	ID		83705
5. Organized Under the Laws of: ID W 34126		6. Annual Report must be signed.* Signature: RONALD CRIPE Name (type or print): RONALD CRIPE		Date: 08/20/2015 Title: OFFICER		
Processed 08/20/2015		* Electronically provided signatures are accepted as original signatures.				