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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|---------------------|
| No. <b>W 60050</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>GREGERSEN LLC<br>JERRY GREGERSEN<br>1265 PARKWAY DR<br>SUITE B<br>BLACKFOOT ID 83221 |           | JERRY L GREGERSEN<br>1265 PARKWAY DR<br>S<br>BLACKFOOT ID 83221 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                        |           | 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 |
| MANAGER                                                                                                                                                | JERRY L GREGERSEN | 1265 PARKWAY DR SUITE B                                                                                                                                                                | BLACKFOOT | ID                                                              | 83221               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 60050</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Jerry Gregersen<br>Name (type or print): Jerry Gregersen<br>Date: 03/02/2016<br>Title: member                                          |           |                                                                 |                     |
| Processed 03/02/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                              |           |                                                                 |                     |