| No. W 114801 Return to: | | | Due no later than Jun 30, 2015 Annual Report Form | | | 2. Registered Agent and Address (NO PO BOX) ROBERT BRICE | | | |
|--|-------------|-------------------------------|---|----|---|--|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | XRB L.L. ROBERT 414 W 9 | BRICE | ' | 414 W 90 N BURLEY ID 83318 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter | Names and Add | dresses of at least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | Ci | ity | State | Country | Postal Code | |
| MEMBER | ROBERT | BRICE | 414 W 90 N | Bl | JRLEY | ID | USA | 83318 | |
| 5. Organized Under the Laws of: | | 6. Annual I | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signatu | Signature: XANA BRICE Date: 04/20/2015 | | | | | | |
| W 114801 | | Name (t | Name (type or print): XANA BRICE | | | Title: MEMBER | | | |
| Processed 04/20/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |