| No. <b>W 100297</b>  | Due no later than Feb 28, 2015   | 2. Registered Agent and Address (NO PO BOX)                               |       |         |             |
|--|--|---|-------|---------|-------------|
| Return to:   | Annual Report Form   | MICHAEL E   |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.  OX KILLER, LLC  MIKE DALEY  4527 E MAPLE CREEK DR  FRANKLIN ID 83237 | 4527 E MAPLE CREEK DR FRANKLIN 83237  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |   |       |         |             |
| 4. Limited Liability Companies: Enter Na   | imes and Addresses of at least one Member or Manager.  |   |       |         |             |
| Office Held Name   | Street or PO Address   | City  | State | Country | Postal Code |
| MEMBER MIKE E DALEY 4527 E. MAPLE CREEK RD                                       |  | FRANKLIN  | ID    | USA     | 83237       |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*  |   |       |         |             |
| ID   | Signature: MIKE DALEY  | Date: 12/19/2014  |       |         |             |
| W 100297   | Name (type or print): MIKE DALEY   | Title: OWNER  |       |         |             |
| Processed 12/19/2014   | * Electronically provided signatures are accepted as original signatures.  |   |       |         |             |