| No. W 97449 | | Due no later than Oct 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|------------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | OSCAR EVANS II | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EVANS GROUP L.C. (THE) OSCAR EVANS 2132 SUCCOR CREEK RD HOMEDALE ID 83628 | | 2132 SUCCOR CREEK RD HOMEDALE ID 83628 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | |
| 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 OSCAR EVA | | NS 2132 SUCCOR CREEK RD | | HOMEDALE | ID | USA | 83628 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Oscar Evans | Date: 09/07/2017 | | | | |
| W 97449 | | Name (type or print): Oscar Evans Title: Owner | | | | | |
| Processed 09/07/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |