| Nov | . 21. 2013 - 3:52PM | , | LAW OFFICE | | |
|--------|--|--------------|--|---|--|
| | No. W 3510 0 | | Due no later than Dec 31, 2013 | 2. Registered Agent and Office | |
| | Return to: | 1 | Annual Report Form | (NOT A P.O. BOX) CHARLES A BROWN | |
| | SECRETARY OF STATE | 1. Ma | ling Address: Correct in this box if needed. | 324 MAIN ST | |
| | 450 N 4th STREET | | S LIMITED LLC | LEWISTON ID 83501 | |
| | PO 80X 83720 BOISE, ID 83720-0080 | | OX 1225 | | |
| | | LEW. | ISTON ID 83501 | | |
| | NO FILING FEE IF RECEIVED BY DUE | | | 3. <u>New</u> Registered Agent Signature. | |
| | DATE | | | | |
| | 4. Limited Liability Manager or Member | | Companies: Enter Names and Addresses of Managers OR Members, See Instructions. Name Street or PO Address City State Country Postal Code | | |
| | Manager Member Donald S. Soloniuk 22887 Four S Lane, Juliaetta, ID 83535 Manager Member Manager Member Manager Member | | | | |
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| | 5. Organized Under the Laws of: | | 6. | | |
| | IDAHO | | Signature: Date: | | |
| | W 35100 | | | 11/14/13 | |
| | 44 22100 | : | Name (type or print): | Title: | |
| | Para de la | | Donald S. Soloniuk | Member | |
| ı | Issued 10/29/2013 by KAH 1219 | | | | |
| | Instructions for the Idaho annual report form | | | | |
| | Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1. | | | | |
| I | Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box. Block 3: Only a new registered agent must sign in Block 3. Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited/liability company. Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment. Block 5: May not be altered through the use of this form. Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature. ** The image of this form will be available on the internet once it has been filled. DO NOT enter Social Security numbers. If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301. | | | | |
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POSTMARK DATES WILL NOT BE ACCEPTED

If the document is incorrect, is there a telephone number to reach you for corrections?