No. <b>W 5190</b>		Due no later than Dec 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROTH FAMILY, L.L.C.  DONNA HABERSETZER 539 S 800 E  JEROME ID 83338		2. Registered Ag	Registered Agent and Address (NO PO BOX)  DONNA HABERSETZER 840 SIMONS WAY JEROME ID 83338  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				JEROME ID				
4. Limited Liability Com	panies: Enter Nar	nes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DONNA M H	IABERSETZER	PO BOX 634	JEROME	ID	USA	83338	
MEMBER	J. MICHAEL ROTH		8154 NE 182ND AVE	VANCOUVER	ID	USA	98682	
MEMBER	SUSIE FALTER		16935 NE 88TH ST	VANCOUVER	WA	USA	98682	
MEMBER	JIM ROTH		3869 N 3400 E	KIMBERLY	ID	USA	83341	
MEMBER	JUDY MEZES		539 S 800 E	JEROME	ID	USA	83338	
MEMBER	DENISE MANES		8503 NE 169TH AVE	VANCOUVER	WA	USA	98682	
MEMBER	TODD ROTH		521 S 800 E	JEROME	ID	USA	83338	
MEMBER	LISA WHITMIRE		520 S 800 E	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Heather Hilarides		Da	Date: 12/10/2015			
W 5190		Name (type or print): Heather Hilarides		Ti	Title: Office Manager			
Processed 12/10/2015		* Flectronically prov	ided signatures are accepted as origina	al cionaturec				