

|                                                                                                                                                        |                 |                                                                                                                                                                                    |       |                                                       |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------------------|
| No. <b>W 6720</b>                                                                                                                                      |                 | Due no later than Aug 31, 2017                                                                                                                                                     |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><b>1. Mailing Address: Correct in this box if needed.</b><br>MICRON TECHNOLOGY TEXAS, LLC<br>PAULA SPANG<br>8000 S FEDERAL WAY<br>BOISE ID 83716-9632 |       | JOEL L POPPEN<br>8000 S FEDERAL WAY<br>BOISE ID 83716 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                    |       | 3. <u>New</u> Registered Agent Signature:*            |                     |
| 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                                                                                                                                                | BRIAN M SHIRLEY | 8000 S. FEDERAL WAY                                                                                                                                                                | BOISE | ID                                                    | USA 83716           |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                                  |       |                                                       |                     |
| <b>ID<br/>W 6720</b>                                                                                                                                   |                 | Signature: Paula Spang<br>Name (type or print): Paula Spang                                                                                                                        |       | Date: 07/17/2017<br>Title: Senior Paralegal           |                     |
| Processed 07/17/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                          |       |                                                       |                     |