

|                                                                                                                                                        |                   |                                                                                                                                            |          |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 109885</b>                                                                                                                                    |                   | <b>Due no later than Jan 31, 2018</b>                                                                                                      |          | 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>1. Mailing Address: Correct in this box if needed.</b><br><br>AD VALOREM, LLC<br>MICHAEL D SHORE<br>216 NOAH ST<br>CHUBBUCK ID 83202    |          | MICHAEL D SHORE<br>216 NOAH ST<br>CHUBBUCK ID 83202 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                            |          | 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                                                                                                                                                | MICHAEL D SHORE   | 216 NOAH ST                                                                                                                                | CHUBBUCK | ID                                                  | USA     | 83202       |  |
| MEMBER                                                                                                                                                 | ELIZABETH A SHORE | 216 NOAH ST                                                                                                                                | CHUBBUCK | ID                                                  | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 109885</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Michael Shore<br>Name (type or print): Michael Shore<br>Date: 11/29/2017<br>Title: Manager |          |                                                     |         |             |  |
| Processed 11/29/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                  |          |                                                     |         |             |  |