

No. W 54749		Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LOCUST GROVE ENTERPRISES #1, LLC DARLENE M BRAMON 536 W BOGUS VIEW DR EAGLE ID 83616		FRANKLIN L BRAMON 536 W BOGUS VIEW DR EAGLE ID 83616		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name FRANKLIN L BRAMON	Street or PO Address PO BOX 4029	City HAILEY	State ID	Country	Postal Code 83333
5. Organized Under the Laws of: ID W 54749		6. Annual Report must be signed.* Signature: Darlene M Bramon Name (type or print): Darlene M Bramon Date: 07/22/2017 Title: member				
Processed 07/22/2017 * Electronically provided signatures are accepted as original signatures.						