

No. <b>W 72856</b>	<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MITCH RIPPLINGER 6236 W 1000 S DRIGGS ID 83422
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RIP'S DUST CONTROL, LLC MITCH RIPPLINGER 6236 W 1000 S DRIGGS ID 83422		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mitch Ripplinger	6236 W 1000 S	DRIGGS	ID	USA	83422
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 72856</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u><i>Mitch Ripplinger</i></u> </td> <td style="width: 40%;">           Date: <u>1-29-15</u> </td> </tr> <tr> <td>           Name (type or print): <u>Mitch Ripplinger</u> </td> <td>           Title: <u>owner</u> </td> </tr> </table>	Signature: <u><i>Mitch Ripplinger</i></u>	Date: <u>1-29-15</u>	Name (type or print): <u>Mitch Ripplinger</u>	Title: <u>owner</u>
Signature: <u><i>Mitch Ripplinger</i></u>	Date: <u>1-29-15</u>				
Name (type or print): <u>Mitch Ripplinger</u>	Title: <u>owner</u>				

Issued 01/16/2015 by TLB
126820