

| | | | | | | |
|--|--|---|--|-------|---------|-------------|
| No. W 107985 | Due no later than Oct 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. EVERTON MANAGEMENT, LLC JAMES B EVERTON 2624 WILD HORSE RIDGE POCATELLO ID 83204 | | JAMES B EVERTON 2624 WILD HORSE RIDGE POCATELLO ID 83204 | | | |
| | | | 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 |
| MEMBER | JAMES B EVERTON | 2624 WILD HORSE RIDGE | POCATELLO | ID | USA | 83204 |
| 5. Organized Under the Laws of: ID W 107985 | 6. Annual Report must be signed.* Signature: Jim Everton Name (type or print): Jim Everton | | Date: 08/18/2015 Title: Memeber | | | |
| Processed 08/18/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |