

|                                                                                                                                                        |                 |                                                                                                                                            |       |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 172323</b>                                                                                                                                    |                 | <b>Due no later than Sep 30, 2017</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>NEIL KING FAMILY LLC<br>AMY J OSTERHOUT<br>PO BOX 1204<br>BURLEY ID 83318 |       | AMY J OSTERHOUT<br>886 EAST 100 SOUTH<br>DECLO ID 83318 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                            |       | 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                                                                                                                                                 | AMY J OSTERHOUT | 886 EAST 100 SOUTH                                                                                                                         | DECLO | ID                                                      | USA     | 83323            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                          |       |                                                         |         |                  |  |
| <b>ID<br/>W 172323</b>                                                                                                                                 |                 | Signature: AMY OSTERHOUT                                                                                                                   |       |                                                         |         | Date: 07/25/2017 |  |
|                                                                                                                                                        |                 | Name (type or print): AMY OSTERHOUT                                                                                                        |       |                                                         |         | Title: MEMBER    |  |
| Processed 07/25/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                         |         |                  |  |