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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------|---------------------|
| No. <b>W 69721</b>                                                                                                                                     |                   | <b>Due no later than Dec 31, 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>AQUILA ENTERPRISES, L.L.C.<br>R TODD BLASS<br>PO BOX 486<br>TWIN FALLS ID 83303 |            | RICHARD B STIVERS<br>163 4TH AVE N<br>TWIN FALLS ID 83301 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                  |            | 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                                                                                                                                                 | RICHARD B STIVERS | 163 4TH AVE N                                                                                                                                    | TWIN FALLS | ID                                                        | 83301               |
| MEMBER                                                                                                                                                 | ROBERT TODD BLASS | 163 4TH AVE N                                                                                                                                    | TWIN FALLS | ID                                                        | 83301               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 69721</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: R Todd Blass<br>Name (type or print): R Todd Blass<br><br>Date: 11/02/2017<br>Title: Member      |            |                                                           |                     |
| Processed 11/02/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                        |            |                                                           |                     |