

|                                                                                                                                                        |               |                                                                                                                                                   |           |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 17211</b>                                                                                                                                     |               | <b>Due no later than Nov 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>COX AND LARSEN LAND, LLC<br>KIM L COX<br>8690 N. PARKS RD<br>POCATELLO ID 83201-9902 |           | REED W LARSEN<br>151 N 3RD AVE STE 210<br>POCATELLO ID 83201 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                   |           | 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                                                                                                                                                 | REED W LARSEN | 8624 MOUNTAIN MEADOWS                                                                                                                             | POCATELLO | ID                                                           |         | 83201            |  |
| MEMBER                                                                                                                                                 | KIM L COX     | 8690 N. PARKS RD.                                                                                                                                 | POCATELLO | ID                                                           | USA     | 83201            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                 |           |                                                              |         |                  |  |
| <b>ID<br/>W 17211</b>                                                                                                                                  |               | Signature: Kim Cox                                                                                                                                |           |                                                              |         | Date: 09/18/2017 |  |
|                                                                                                                                                        |               | Name (type or print): Kim Cox                                                                                                                     |           |                                                              |         | Title: Member    |  |
| Processed 09/18/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                              |         |                  |  |