| No. W 93452 | | | Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. LIBIN LLC KORIN L PATTEN PO BOX 412 KUNA ID 83634 | | 2. Registered Agent and Address (NO PO BOX) KORIN PATTEN 6205 DEER FLAT RD NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
|------------------------------------------------------------------------------------------------|--------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | LIBIN LLC KORIN L P PO BOX 412 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter | Names and Addres | sses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | KORIN L | PATTEN | PO BOX 412 | KUNA | ID | USA | 83634 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: | Korin Patten | | Date: 04/07/2016 | | | |
| W 93452 | | Name (type | or print): Korin Patten | | Title: Member | | | |
| Processed 04/07/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |