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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 110705</b>                                                                                                                                    |               | <b>Due no later than May 31, 2018</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>KIMBLE OIL, INC.<br>SANDRA KIMBLE<br>PO BOX 376<br>HWY 93 NORTH<br>CHALLIS ID 83226 |         | SANDRA KIMBLE<br>HWY 93 N<br>CHALLIS ID 83226      |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                      |         | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                      |         |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                 | City    | State                                              | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | SANDRA KIMBLE | P.O. BOX 376                                                                                                                                         | CHALLIS | ID                                                 | USA     | 83226       |  |
| PRESIDENT                                                                                                                                              | GARY KIMBLE   | P.O. BOX 376                                                                                                                                         | CHALLIS | ID                                                 | USA     | 83226       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 110705</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Sandra Kimble<br>Name (type or print): Sandra Kimble<br>Date: 03/28/2018<br>Title: Secretary         |         |                                                    |         |             |  |
| Processed 03/28/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                            |         |                                                    |         |             |  |