| No. <b>W 34092</b>   |                                      | Due no later than Oct 31, 2015  |                                       | 2. Registered A        | 2. Registered Agent and Address (NO PO BOX)   |         |                |  |
|--|--------------------------------------|---|---------------------------------------|------------------------|---|---------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                                      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCGUIRE ENTERPRISES, LLC RON D MCGUIRE PO BOX 227 LEWISTON ID 83501 USA |                                       | 2905 CLEAR             | RONALD D MCGUIRE 2905 CLEARWATER AVE LEWISTON ID 83501  3. New Registered Agent Signature:* |         |                |  |
|  |                                      |   |                                       | 3. <u>New</u> Register |   |         |                |  |
| 200 00 0   |                                      | nes and Address   | es of at least one Member or Manager. | <b>3</b> 11            |   |         |                |  |
|  | lame                                 | 400UTDE   | Street or PO Address                  | City                   | State   | Country | Postal Code    |  |
|  | RONALD D MCGUIRE<br>TERESA L MCGUIRE |   | PO BOX 227<br>PO BOX 227              | LEWISTON<br>LEWISTON   | ID<br>ID  |         | 83501<br>83501 |  |
| 5. Organized Under the Laws of:  |                                      | 6. Annual Report must be signed.*   |                                       |                        |   |         |                |  |
| ID   |                                      | Signature: Ly   | Dat                                   | Date: 11/09/2015       |   |         |                |  |
| W 34092  |                                      | Name (type or print): Lynn Griswold   |                                       | Titl                   | Title: Office Manager   |         |                |  |
| rocessed 11/09/2015 * Electronically provided signatures are accepted as original signatures.                              |                                      |   |                                       |                        |   |         |                |  |