No. W 9397		Annual Report Form 1. Mailing Address: Correct in this box if needed. GOBLE MANAGEMENT, L.L.C. 1125 CEDAR HEIGHTS NORTH LOGAN UT 84341		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				WYNN MOSMAN 803 SOUTH JEFFERSON MOSCOW ID 83843 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	t lasst one Member or Manager					
Office Held	Name	ries and Addresses of a	Street or PO Address		City	State	Country	Postal Code
MANAGER PETER M GOBLE		OBLE	920 1/2 N MAIN		LOGAN	UT		84321
5. Organized Under the Laws of: ID W 9397		6. Annual Report must be signed.* Signature: PETER GOBLE Name (type or print): PETER GOBLE		Date: 08/27/2018 Title: MANAGER				
Processed 08/27/2018		* Electronically provided signatures are accepted as original signatures.						