

No. W 43079		Due no later than Sep 30, 2014		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. ROWEN LLC CHARLES R. ROWEN 29500 OLD FORT BOISE RD PARMA ID 83660 USA		CHARLES R ROWEN 29500 OLD FORT BOISE RD PARMA ID 83660			
				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	
MANAGER	CHARLES R ROWEN	29500 OLD FORT BOISE RD	PARMA	ID	USA	83660	
MANAGER	JACQUELYN ROWEN	29500 OLD FORT BOISE RD	PARMA	ID	USA	83660	
5. Organized Under the Laws of: ID W 43079		6. Annual Report must be signed.* Signature: Jacquelyn Rowen Name (type or print): Jacquelyn Rowen					
		Date: 07/14/2014 Title: Manager					
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures.					