

No. W 15333		Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELMER C. BLAIKIE II, L.L.C. ELMER C BLAIKIE 320 MAIN AVE NORTH TWIN FALLS ID 83301		ELMER C BLAIKIE II 320 MAIN AVE NORTH TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ELMER C BLAIKIE II	Street or PO Address 3247 LAURELWOOD DR		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 15333		6. Annual Report must be signed.* Signature: E. Blaikie Name (type or print): E. Blaikie Date: 04/02/2014 Title: Manager					
Processed 04/02/2014 * Electronically provided signatures are accepted as original signatures.							