

|  |                |   |         |  |         |             |  |
|--|----------------|---|---------|--|---------|-------------|--|
| No. <b>W 1130</b>  |                | <b>Due no later than May 31, 2015</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>ERIKSON L. L. C.<br>THOMAS ERIKSON<br>630 TAURUS DR<br>REXBURG ID 83440<br>USA |         | THOMAS ERIKSON<br>630 TAURUS DR<br>REXBURG 83440   |         |             |  |
|  |                |   |         | 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 |  |
| MEMBER   | THOMAS ERIKSON | 630 TAURUS DRIVE  | REXBURG | ID   | USA     | 83440       |  |
| MANAGER  | WAYNE ERIKSON  | 1786 W MAIN   | REXBURG | ID   |         | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 1130</b>  |                | 6. Annual Report must be signed.*<br>Signature: Thomas L Erikson<br>Name (type or print): Thomas L Erikson                                      |         |  |         |             |  |
|  |                | Date: 03/27/2015<br>Title: Member   |         |  |         |             |  |
| Processed 03/27/2015   |                | * Electronically provided signatures are accepted as original signatures.   |         |  |         |             |  |