| No. W 586 Return to: | | Due no later than Oct 31, 2015 Annual Report Form | | | Registered Agent and Address (NO PO BOX) MICHAEL A PARKER | | | | |
|--|---|---|--------------------------------------|---|--|----------|---------|----------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. P S & G, L.L.C. MIKE PARKER 2570 S YELLOWSTONE HWY ST ANTHONY ID 83445 | | | 338 N. 2200 E. ST ANTHONY ID 83455-8344 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | (| City | State | Country | Postal Code | |
| MEMBER MEMBER | MICHAEL A PARKER CASEY A PARKER | | 338 N. 2200 E. 305 E. 2ND N. | | ST ANTHONY ST. ANTHONY | ID ID | USA | 83455 83445 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID W 586 | | Signature: mike parker | | | Date: 09/14/2015 | | | | |
| | | Name (type or print): mike parker | | | Title: pres | | | | |
| Processed 09/14/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | | |