

|  |                  |  |            |   |         |             |  |
|--|------------------|--|------------|---|---------|-------------|--|
| No. <b>C 91907</b>   |                  | <b>Due no later than Apr 30, 2018</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>ASI LIQUIDATION, INC.<br>TODD L. BOX<br>300 AGRI-SERVICE WAY<br>KIMBERLY ID 83341 |            | R. CLEVE BUTTARS<br>300 AGRI-SERVICE WAY<br>KIMBERLY ID 83341 |         |             |  |
|  |                  |  |            | 3. <u>New</u> Registered Agent Signature:*                    |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |  |            |   |         |             |  |
| Office Held  | Name             | Street or PO Address   | City       | State   | Country | Postal Code |  |
| PRESIDENT  | R. CLEVE BUTTARS | P.O. BOX 285   | TWIN FALLS | ID  | USA     | 83303       |  |
| DIRECTOR   | CLINT SCHNOOR    | P.O. BOX 285   | TWIN FALLS | ID  | USA     | 83303       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 91907</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Todd L Box<br>Name (type or print): Todd L Box   |            |   |         |             |  |
| Date: 05/22/2018<br>Title: Controller  |                  |  |            |   |         |             |  |
| Processed 05/22/2018   |                  | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |