

|                                                                                                                                                        |                    |                                                                                                                                                                                                 |          |                                                                |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------------------|
| No. <b>W 34552</b>                                                                                                                                     |                    | <b>Due no later than Nov 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DAVID E. SEEGMILLER, L.L.C.<br>DAVID E SEEGMILLER<br>2201 E GALA ST<br>MERIDIAN ID 83642-2798 |          | DAVID E SEEGMILLER<br>2201 E GALA ST<br>MERIDIAN ID 83642-2798 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                                 |          | 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                                                                                                                                                | DAVID E SEEGMILLER | 2201 E GALA ST                                                                                                                                                                                  | MERIDIAN | ID                                                             | 83642               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34552</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: David E Seegmiller<br>Name (type or print): David E Seegmiller<br>Date: 12/15/2016<br>Title: manager                                            |          |                                                                |                     |
| Processed 12/15/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |          |                                                                |                     |