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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 155468</b>                                                                                                                                    |                  | <b>Due no later than Aug 31, 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>1. Mailing Address: Correct in this box if needed.</b><br>EAGLE QUEST, LLC<br>EAGLE QUEST LLC C/O SHERI HOHS<br>PO BOX 1144<br>CHALLIS ID 83226 |         | WAYNE PETER HOHS<br>3599 GARDEN CREEK RD<br># 1144<br>CHALLIS ID 83226 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                    |         | 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                                                                                                                                                 | WAYNE PETER HOHS | PO BOX 1144                                                                                                                                        | CHALLIS | ID                                                                     | USA     | 83226       |  |
| MANAGER                                                                                                                                                | SHERI L HOHS     | PO BOX 1144                                                                                                                                        | CHALLIS | ID                                                                     | USA     | 83226       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 155468</b>                                                                                              |                  | 6. Annual Report must be signed.*<br>Signature: Sheri Lynn Hohns<br>Name (type or print): Sheri Lynn Hohns                                         |         |                                                                        |         |             |  |
| Date: 09/14/2016<br>Title: Member                                                                                                                      |                  |                                                                                                                                                    |         |                                                                        |         |             |  |
| Processed 09/14/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                          |         |                                                                        |         |             |  |