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| No. W 57850 | | Due no later than Jan 31, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ROCKY 19, LLC OWEN W KINGMAN PO BOX 231 SWAN VALLEY ID 83449-0231 | | OWEN KINGMAN 971 RAVEN RD IRWIN 83428 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name OWEN KINGMAN | Street or PO Address 971 RAVEN ROAD | | City IRWIN | State ID | Country | Postal Code 83428 |
| 5. Organized Under the Laws of: ID W 57850 | | 6. Annual Report must be signed.* Signature: Owen W Kingman Name (type or print): Owen W Kingman Date: 11/18/2014 Title: Manager | | | | | |
| Processed 11/18/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |