

No. W 107067	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) R. D. WATSON 408 E SHERMAN AVE STE 202 COEUR D ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. T.A. "IS" RUNNINBARE L.L.C. PO BOX 1591 COEUR D ALENE ID 83816-1591		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Timothy A Bucha</td> <td>P.O Box 1591</td> <td>COA</td> <td>Id</td> <td>Koot.</td> <td>83816</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Timothy A Bucha</td> <td>P.O Box 1591</td> <td>COA</td> <td>Id</td> <td>Koot.</td> <td>83816</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Timothy A Bucha</td> <td>P.O Box 1591</td> <td>COA</td> <td>Id</td> <td>Koot.</td> <td>83816</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Timothy A Bucha</td> <td>P.O Box 1591</td> <td>COA</td> <td>Id</td> <td>Koot.</td> <td>83816</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Timothy A Bucha	P.O Box 1591	COA	Id	Koot.	83816	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Timothy A Bucha	P.O Box 1591	COA	Id	Koot.	83816	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Timothy A Bucha	P.O Box 1591	COA	Id	Koot.	83816	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Timothy A Bucha	P.O Box 1591	COA	Id	Koot.	83816
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 107067 </div>	6. Signature:  Name (type or print): <u>Timothy A. Bucha</u> Date: <u>Sept 7, 2016</u> Title: <u>president</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.