

|  |                     |  |        |   |                     |
|--|---------------------|--|--------|---|---------------------|
| No. <b>W 12912</b>   |                     | <b>Due no later than Sep 30, 2018</b>  |        | <b>2. Registered Agent and Address (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>  |        | THEODORE ROBERT STRONKS<br>316 MAIN ST<br>ASHTON ID 83420 |                     |
|  |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>STRONKS & SONS DO IT BEST HOME CENTER & LUMBER,<br>L.L.C.<br>THEODORE ROBERT STRONKS<br>PO BOX 808<br>ASHTON ID 83420 |        | 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  | STRONKS & SONS INC. | 316 MAIN ST  | ASHTON | ID  | 83420               |
| MANAGER  | BRIAN LOOSLI        | 3127 E 1100 N  | ASHTON | ID  | 83420               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 12912</b>   |                     | 6. Annual Report must be signed.*<br>Signature: Theodore Robert Stronks<br>Name (type or print): Theodore Robert Stronks<br>Date: 08/07/2018<br>Title: Manager                     |        |   |                     |
| Processed 08/07/2018   |                     | * Electronically provided signatures are accepted as original signatures.  |        |   |                     |