No. **W 115832**	**Due no later than Jul 31, 2016**	2. Registered Agent and Address **(NO PO BOX)**

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address: Correct in this box if needed.

IDAHO EXPLORATION, LLC
MICHAEL LAVIGNE
602 CEDAR ST #205
WALLACE ID 83873

MICHAEL LAVIGNE
602 CEDAR ST #205
WALLACE ID 83873

3. New 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	MICHAEL LAVIGNE	602 CEDAR STREET	WALLACE	ID	USA	83873

5. Organized Under the Laws of:	6. Annual Report must be signed.*
ID **W 115832**	Signature: Michael Lavigne Date: 06/06/2016
	Name (type or print): Michael Lavigne Title: Manager

Processed 06/06/2016	* Electronically provided signatures are accepted as original signatures.