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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>W 16332</b>                                                                                                                                     |            | <b>Due no later than Aug 31, 2016</b>                                                                                                                              |        | <b>Annual Report Form</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>FOX CREEK HEATING, LIMITED LIABILITY COMPANY<br>DIXIE DICK<br>4935 SOUTH 1750 EAST<br>VICTOR ID 83455 |        | DIXIE DICK<br>4935 SOUTH 1750 EAST<br>VICTOR ID 83455 |         | 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                                                                                                                                                | DIXIE DICK | 4935 S. 1750 E.                                                                                                                                                    | VICTOR | ID                                                    |         | 83455                                              |  |
| MEMBER                                                                                                                                                 | LANNY DICK | 4935 S. 1750 E.                                                                                                                                                    | VICTOR | ID                                                    | USA     | 83455                                              |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 16332</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Lanny Dick<br>Name (type or print): Lanny Dick<br>Date: 06/30/2016<br>Title: Member                                |        |                                                       |         |                                                    |  |
| Processed 06/30/2016                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                          |        |                                                       |         |                                                    |  |