

No. W 49139		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SNS ENTERPRISES, L.L.C. SAM M ROBINSON PO BOX 731 GRANGEVILLE ID 83530 USA		DAREN W FALES 204 W NORTH ST GRANGEVILLE ID 83530			
				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	
MEMBER	SAM ROBINSON	49 GRANGEVILLE SALMON RD	GRANGEVILLE	ID	USA	83530	
MEMBER	SUSAN ROBINSON	49 GRANGEVILLE SALMON RD	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of: ID W 49139		6. Annual Report must be signed.* Signature: Susan Robinson Name (type or print): Susan Robinson Date: 02/01/2014 Title: Owner					
Processed 02/01/2014		* Electronically provided signatures are accepted as original signatures.					