

|                                                                                                                                                        |                   |                                                                           |        |                                                     |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------|--------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>W 82605</b>                                                                                                                                     |                   | <b>Due no later than Mar 31, 2015</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>Annual Report Form</b>                                                 |        | CLAY HANDY<br>100 SOUTH 400 WEST<br>PAUL 83347-8331 |                  |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                 |        | 3. <u>New</u> Registered Agent Signature:*          |                  |             |  |
|                                                                                                                                                        |                   | HANDY BROKERAGE LLC<br>BRYCE MORGAN<br>PO BOX 300<br>PAUL ID 83347<br>USA |        |                                                     |                  |             |  |
| 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                                                                                                                                                 | CLAY DWIGHT HANDY | 29 SOUTH 150 EAST                                                         | BURLEY | ID                                                  | USA              | 83318       |  |
| MEMBER                                                                                                                                                 | BRYCE MORGAN      | 2050 MILLER AVE                                                           | BURLEY | ID                                                  | USA              | 83318       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                         |        |                                                     |                  |             |  |
| <b>ID<br/>W 82605</b>                                                                                                                                  |                   | Signature: CLAY HANDY                                                     |        |                                                     | Date: 03/11/2015 |             |  |
|                                                                                                                                                        |                   | Name (type or print): CLAY HANDY                                          |        |                                                     | Title: OWNER     |             |  |
| Processed 03/11/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures. |        |                                                     |                  |             |  |