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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 139175</b>                                                                                                                                    |                        | <b>Due no later than Jun 30, 2016</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>LOS ROBLES RESOURCES, LLC<br>SAWTOOTH RESOUR<br>3225 MCLEOD DR STE 100<br>LAS VEGAS NV 89121 |           | ANDERSON REGISTERED AGENTS, IN<br>800 W MAIN ST STE 1460<br>BOISE ID 83702 |         |                       |  |
|                                                                                                                                                        |                        |                                                                                                                                                           |           | 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                                                                                                                                                | SHELLY N. BERNAL-GEARY | 3225 MCLEOD DR. SUITE 100                                                                                                                                 | LAS VEGAS | NV                                                                         | USA     | 89121                 |  |
| MANAGER                                                                                                                                                | TIMOTHY J GEARY        | 3225 MCLEOD DR. SUITE 100                                                                                                                                 | LAS VEGAS | NV                                                                         | USA     | 89121                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                        | 6. Annual Report must be signed.*                                                                                                                         |           |                                                                            |         |                       |  |
| <b>ID<br/>W 139175</b>                                                                                                                                 |                        | Signature: Randall Ritchie                                                                                                                                |           |                                                                            |         | Date: 07/25/2016      |  |
|                                                                                                                                                        |                        | Name (type or print): Randall Ritchie                                                                                                                     |           |                                                                            |         | Title: Authorized Rep |  |
| Processed 07/25/2016                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                 |           |                                                                            |         |                       |  |