

|                                                                                                                                                        |                 |                                                                                                                                           |          |                                                    |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-----------------------|--|
| No. <b>C 120733</b>                                                                                                                                    |                 | <b>Due no later than Sep 30, 2017</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><br>STOCKMEN'S SUPPLY INC.<br>TODD SIMMONS<br>PO BOX 70<br>TERRETON ID 83450 |          | TODD SIMMONS<br>1359 E 1500 N<br>TERRETON ID 83450 |         |                       |  |
|                                                                                                                                                        |                 |                                                                                                                                           |          | 3. <u>New</u> Registered Agent Signature:*         |         |                       |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                           |          |                                                    |         |                       |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                      | City     | State                                              | Country | Postal Code           |  |
| SECRETARY                                                                                                                                              | PAULYNN SIMMONS | PO BOX 70                                                                                                                                 | TERRETON | ID                                                 | USA     | 83450                 |  |
| PRESIDENT                                                                                                                                              | TODD SIMMONS    | PO BOX 70                                                                                                                                 | TERRETON | ID                                                 | USA     | 83450                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                         |          |                                                    |         |                       |  |
| <b>ID<br/>C 120733</b>                                                                                                                                 |                 | Signature: Becky Allen                                                                                                                    |          |                                                    |         | Date: 07/25/2017      |  |
|                                                                                                                                                        |                 | Name (type or print): Becky Allen                                                                                                         |          |                                                    |         | Title: office manager |  |
| Processed 07/25/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                 |          |                                                    |         |                       |  |