

|                                                                                                                                                        |                   |                                                                              |      |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 21056</b>                                                                                                                                     |                   | <b>Due no later than Oct 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>                                                    |      | MARTY VAN TASSELL<br>429 S CRESTVIEW RD<br>PAUL ID 83347 |         |                  |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                    |      | 3. <u>New</u> Registered Agent Signature:*               |         |                  |  |
|                                                                                                                                                        |                   | VANCO INDUSTRIES L.L.C.<br>MARTY VAN TASSELL<br>799 W 200 N<br>PAUL ID 83347 |      |                                                          |         |                  |  |
| 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                                                                                                                                                | MARTY VAN TASSELL | 799 W. 200 N.                                                                | PAUL | ID                                                       | USA     | 83347            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                            |      |                                                          |         |                  |  |
| <b>ID<br/>W 21056</b>                                                                                                                                  |                   | Signature: Marty Van Tassell                                                 |      |                                                          |         | Date: 09/17/2015 |  |
|                                                                                                                                                        |                   | Name (type or print): Marty Van Tassell                                      |      |                                                          |         | Title: Manager   |  |
| Processed 09/17/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.    |      |                                                          |         |                  |  |