| No. W 130592 | Due no l | Due no later than Oct 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------------------|---|-------------|---|---------|-------------|--|
| Return to: Ani | | ual Report Form Shawn Perkins | | | | | |
| SECRETARY OF STATE | 1. Mailing Addres | 1. Mailing Address: Correct in this box if needed. 2300 N YELLOWSTONE HW IDAHO FALLS ID 83401 | | | | 0 | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | SHAWN PERKINS 2300 N YELLOWSTOI | 2300 N YELLOWSTONE HWY STE 210 | | | | | |
| | IDAHO FALLS ID 83 | IDAHO FALLS ID 83401 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 SHAWN LEE PERKINS | | 2300 N. YELLOWSTONE HWY., SUITE 210 | IDAHO FALLS | ID | USA | 83401 | |
| | | | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must | Annual Report must be signed.* | | | | | |
| ID | Signature: David Ha | Signature: David Harrell | | Date: 08/28/2015 | | | |
| W 130592 | Name (type or print) | Name (type or print): David Harrell | | Title: CFO | | | |
| Processed 08/28/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |