

|                                                                                                                                                        |             |                                                                                                                                         |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 18935</b>                                                                                                                                     |             | <b>Due no later than Apr 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>GRAY FAMILY, L.L.C.<br>GALE E GRAY<br>1009 CHANEY RD<br>VIOLA ID 83872 |       | GALE E GRAY<br>1009 CHANEY RD<br>VIOLA ID 83872    |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                         |       | 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                                                                                                                                                | GALE E GRAY | 1009 CHANEY RD                                                                                                                          | VIOLA | ID                                                 | USA     | 83872       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 18935</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Gale E Gray<br>Name (type or print): Gale E Gray<br>Date: 02/20/2017<br>Title: Manager  |       |                                                    |         |             |  |
| Processed 02/20/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                               |       |                                                    |         |             |  |