No. W 85077 Return to:		Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. S.T.I.R.S. LLC PO BOX 7156 BOISE ID 83707-1156			2. Registered Agent and Address (NO PO BOX) AMBER R MYRICK 3101 W MAIN ST STE 200 BOISE ID 83702-2099			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3101 W MA BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registe	ered Agent Si	ignature:*		
200	es: Enter Nar	nes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	LISA B SIMPLOT MICHAEL B SIMPLOT		12625 W. SCOTFIELD 12625 W. SCOTFIELD	BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 85077		Signature: Amber R. Myrick Date: 06/05/2014						
		Name (type or p	Tit	Title: Registered Agent				
Processed 06/05/2014 * Electronically provided signatures are accepted as original signatures.								