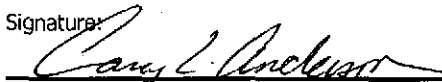
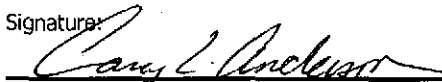
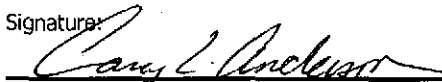


No. <b>W 149863</b>	<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CASEY L ANDERSON 95 HORROCKS DR BLACKFOOT ID 83221				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> F.A.S.S.T. LLC. CASEY L ANDERSON <del>95 HORROCKS DR</del> <b>495 W 200 N</b> <del>BLACKFOOT ID 83221</del> <b>Blackfoot ID 83221</b>		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> CASEY L. ANDERSON      495 W 200 N      BLACKFOOT, IDAHO      83221							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 149863           </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">           Signature: <u></u> </td> <td style="width: 50%;">           Date: <u>6-5-16</u> </td> </tr> <tr> <td>           Name (type or print): <u>CASEY L. ANDERSON</u> </td> <td>           Title: <u>OWNER</u> </td> </tr> </table>		Signature: <u></u>	Date: <u>6-5-16</u>	Name (type or print): <u>CASEY L. ANDERSON</u>	Title: <u>OWNER</u>
Signature: <u></u>	Date: <u>6-5-16</u>						
Name (type or print): <u>CASEY L. ANDERSON</u>	Title: <u>OWNER</u>						
Issued 05/24/2016 by TLB		119856					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM