| No. W 109644 | Due no | Due no later than Dec 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|-----------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | RICK NAEREBOUT 195 RIVER VISTA PL STE 308 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 2XRJN HOLDINGS L RICK NAEREBOUT 195 RIVER VISTA F TWIN FALLS ID 8 | LC PL STE 308 | | TWIN FALLS ID 83301 B. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Ente | r Names and Addresses of | at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | AEREBOUT JACK NAEREBOUT | 195 RIVER VISTA PLACE SUITE 308 195 RIVER VISTA PLACE SUITE 308 | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301 83301 | |
| | | | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report mus | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Rick Na | Signature: Rick Naerebout | | Date: 01/03/2018 | | | |
| W 109644 | Name (type or prin | Name (type or print): Rick Naerebout | | Title: Manager | | | |
| Processed 01/03/2018 | * Electronically provide | * Electronically provided signatures are accepted as original signatures. | | | | | |