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| No. W 8550 | Due no later than Apr 30, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | WADE ZAHARIE 1141 N 3RD COEUR D'ALENE 83816 | | | |
| | SOZ, LLC ROBERT WADE ZAHARIE PO BOX 3369 COEUR D'ALENE ID 83816 | | 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 |
| MEMBER | ROBERT WADE ZAHARIE | PO BOX 550 | COEUR D'ALENE | ID | | 83816 |
| 5. Organized Under the Laws of: ID W 8550 | | 6. Annual Report must be signed.* Signature: Robert Wade Zaharie Name (type or print): Robert Wade Zaharie Date: 02/19/2015 Title: Managing Member | | | | |
| Processed 02/19/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |