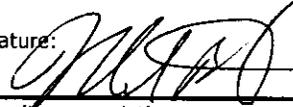


No. W 143876	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MONOLAYER, LLC 1020 W MAIN ST. SUITE 250 BOISE ID 83702 USA		MICHAEL BLOOD 1020 W MAIN ST. SUITE 250 BOISE ID 83702-8370																																				
			3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="1"> <thead> <tr> <th data-bbox="154 498 410 530">Manager or Member</th> <th data-bbox="410 498 568 530">Name</th> <th data-bbox="568 498 893 530">Street or PO Address</th> <th data-bbox="893 498 974 530">City</th> <th data-bbox="974 498 1055 530">State</th> <th data-bbox="1055 498 1169 530">Country</th> <th data-bbox="1169 498 1442 530">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="154 537 410 584">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="410 537 568 584">Michael Blood</td> <td data-bbox="568 537 893 584">1020 W. Main St</td> <td data-bbox="893 537 974 584">Boise</td> <td data-bbox="974 537 1055 584">ID</td> <td data-bbox="1055 537 1169 584">USA</td> <td data-bbox="1169 537 1442 584">83702</td> </tr> <tr> <td data-bbox="154 604 410 651">Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="154 672 410 719">Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="154 739 410 786">Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael Blood	1020 W. Main St	Boise	ID	USA	83702	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 143876		6. Signature:  Date: <u>11/13/2016</u> Name (type or print): <u>Michael Blood</u> Title: <u>Member</u>																																					
Issued 11/13/2016 by online		129104																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM