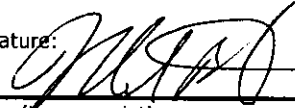


No. W 143876	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL BLOOD 1020 W MAIN ST. SUITE 250 BOISE ID 83702-8370
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MONOLAYER, LLC 1020 W MAIN ST. SUITE 250 BOISE ID 83702 USA		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 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"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 143876 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Michael Blood </div> <div style="width: 35%;"> Date: <u>11/13/2016</u> <hr/> Title: <u>Member</u> </div> </div>	
Issued 11/13/2016 by online		129104	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM