

|                                                                                                                                                        |                    |                                                                                                                                                               |             |                                                             |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------------------|
| No. <b>W 38200</b>                                                                                                                                     |                    | <b>Due no later than Apr 30, 2017</b>                                                                                                                         |             | <b>2. Registered Agent and Address (NO PO BOX)</b>          |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AP THOMAS HERITAGE IMPORTS, LLC<br>GLORIA J. THOMAS<br>315 BANNOCK ST<br>MALAD CITY ID 83252 |             | GLORIA JEAN THOMAS<br>315 BANNOCK ST<br>MALAD CITY ID 83252 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                               |             | 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                                                                                                                                                 | GLORIA JEAN THOMAS | 315 BANNOCK ST                                                                                                                                                | MALAD CITY  | ID                                                          | 83252               |
| MEMBER                                                                                                                                                 | E LUCILLE WASHBURN | 4971 PARSONS WAY                                                                                                                                              | CASTLE ROCK | CO                                                          | 80401               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 38200</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Gloria Jean Thomas<br>Name (type or print): Gloria Jean Thomas<br>Date: 03/15/2017<br>Title: Registered Agent |             |                                                             |                     |
| Processed 03/15/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                     |             |                                                             |                     |