| No. <b>W 186501</b>   |                 | Due no later than Jul 31, 2018  |                                    | 2. Registered A       | 2. Registered Agent and Address (NO PO BOX)                                |         |             |  |
|---|-----------------|---|------------------------------------|-----------------------|--|---------|-------------|--|
| Return to:  |                 | Annual Report Form  |                                    | LEGALINC CO           | LEGALINC CORPORATE SERVICES IN   |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                 | 1. Mailing Address: Correct in this box if needed.  ILLUMINATION LLC CHRISTINE MCGUIRE 457 VALLEY VIEW CIRCLE |                                    |                       | 800 W MAIN ST STE 1460 BOISE ID 83702  3. New Registered Agent Signature:* |         |             |  |
|   |                 |   |                                    |                       |  |         |             |  |
|   |                 | JEROME ID 83338   |                                    | 3. <u>New</u> Registe |  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                |                 | USA   |                                    |                       |  |         |             |  |
| 4. Limited Liability Comp   | anies: Enter Na | mes and Addresses   | of at least one Member or Manager. |                       |  |         |             |  |
| Office Held   | Name            |   | Street or PO Address               | City                  | State  | Country | Postal Code |  |
| MEMBER CHRISTINE MCGUIRE  |                 | 457 VALLEY VIEW CIRCLE  | JEROME                             | ID                    | USA  | 83338   |             |  |
| 5. Organized Under the Laws of:   |                 | 6. Annual Report must be signed.*   |                                    |                       |  |         |             |  |
| ID<br>W 186501  |                 | Signature: chrisitne mcguire  |                                    |                       | Date: 08/24/2018   |         |             |  |
|   |                 | Name (type or   | T                                  | Title: owner/operator |  |         |             |  |
| Processed 08/24/2018  |                 | * Electronically provided signatures are accepted as original signatures.                                     |                                    |                       |  |         |             |  |