

|                                                                                                                                                        |            |                                                                                                                                      |           |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 72200</b>                                                                                                                                     |            | <b>Due no later than Mar 31, 2017</b>                                                                                                |           | 2. Registered Agent and Address <b>(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>MCCALL MALL LLC<br>VICKI WADE<br>2508 HWY 9<br>PRINCETON ID 83857       |           | VICKI WADE<br>2508 HWY 9<br>PRINCETON ID 83857     |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                      |           | 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 |  |
| MANAGER                                                                                                                                                | VICKI WADE | 2508 HWY 9                                                                                                                           | PRINCETON | ID                                                 | USA     | 83857       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72200</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Vicki Wade<br>Name (type or print): Vicki Wade<br>Date: 01/25/2017<br>Title: Manager |           |                                                    |         |             |  |
| Processed 01/25/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                            |           |                                                    |         |             |  |