

|                                                                                                                                                        |                         |                                                                                                                                                                  |          |                                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 150316</b>                                                                                                                                    |                         | <b>Due no later than Apr 30, 2016</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><br>INTERNAL INVESTMENTS LLC<br>CHRISTOPHER DRAPER<br>1859 S TOPAZ WAY STE 200<br>MERIDIAN ID 83642 |          | CHRISTOPHER DRAPER<br>1859 S TOPAZ WAY STE 200<br>MERIDIAN ID 83642 |         |                  |  |
|                                                                                                                                                        |                         |                                                                                                                                                                  |          | 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                                                                                                                                                | CHRISTOPHER CODY DRAPER | 1088 EAST BORZOI                                                                                                                                                 | MERIDIAN | ID                                                                  | USA     | 83642            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                         | 6. Annual Report must be signed.*                                                                                                                                |          |                                                                     |         |                  |  |
| <b>ID<br/>W 150316</b>                                                                                                                                 |                         | Signature: C.Draper                                                                                                                                              |          |                                                                     |         | Date: 07/19/2016 |  |
|                                                                                                                                                        |                         | Name (type or print): C.Draper                                                                                                                                   |          |                                                                     |         | Title: Manager   |  |
| Processed 07/19/2016                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                        |          |                                                                     |         |                  |  |