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| No. W 42786 | | Due no later than Sep 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | TIM MURPHY 1460 WINTER LN JEROME ID 83338 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | STANDARD PRINTING, LLC TIM H MURPHY 140 2ND AVE N TWIN FALLS ID 83301 | | | | | |
| 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 | TIM MURPHY | 140 2ND AVE N | TWIN FALLS | ID | | 83301 | |
| MEMBER | CAMILLE M MURPHY | 1460 WINTER LANE | JEROME | ID | USA | 83338 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 42786 | | Signature: Tim Murphy | | | Date: 08/07/2018 | | |
| | | Name (type or print): Tim Murphy | | | Title: Member | | |
| Processed 08/07/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |