| No. <b>W 43678</b>   |                       | Due no later than Oct 31, 2014   | 2. Registered A    | 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   | KADE J SMITH       |   |            |                |  |
|  |                       | 1. Mailing Address: Correct in this box if needed.  ONE CUBICLE OVER, LLC KADE J SMITH PO BOX 143 REXBURG ID 83440 |                    | 138 N 3RD E<br>REXBURG 83440                |            |                |  |
|  |                       |  |                    | 3. New Registered Agent Signature:*         |            |                |  |
| 4. Limited Liability Companies: E  | nter Names and        | d Addresses of at least one Member or Manager.   |                    |   |            |                |  |
| Office Held Name   | 9                     | Street or PO Address   | City               | State                                       | Country    | Postal Code    |  |
|  | J SMITH<br>RA M SMITH | 138 N 3RD E<br>138 N 3RD E   | REXBURG<br>REXBURG | ID<br>ID                                    | USA<br>USA | 83440<br>83440 |  |
| 5. Organized Under the Laws of:  |                       | 6. Annual Report must be signed.*  |                    |   |            |                |  |
| ID   | Sig                   | Signature: Kade Smith Date: 11/05/2014   |                    |   |            |                |  |
| W 43678  | Nar                   | me (type or print): Kade Smith   | Title: Owner       |   |            |                |  |
| Processed 11/05/2014   | * Elect               | * Electronically provided signatures are accepted as original signatures.  |                    |   |            |                |  |