|  |   | ter than Apr 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          | 1. Mailing Address PROTOSTAR, LLC   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  PROTOSTAR, LLC 1020 W MAIN ST STE 400 BOISE ID 83702 |   | T.J. WIGGS 1020 W MAIN ST STE 400 BOISE ID 83702  3. New Registered Agent Signature:* |         |             |  |
| RECEIVED BY DUE DATE   |   |  |   |   |         |             |  |
| 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 SOTIRIS MACROMALLIS 263 WEST OLIVE AVENUE SUITE 1                                     |   | BURBANK  | CA  | USA   | 91602   |             |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must b   |  |   |   |         |             |  |
| ID   | Signature: Sotiris Ma   | Date: 02/27/2018   |   |   |         |             |  |
| W 82841 Name (type or print): Sotiris Macro  |   | Sotiris Macromallis  | Title: Member                               |   |         |             |  |
| Processed 02/27/2018   | * Electronically provided signatures are accepted as original signatures. |  |   |   |         |             |  |