

|                                                                                                                                                        |         |                                                                                                                                                                 |       |                                                                               |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 117349</b>                                                                                                                                    |         | <b>Due no later than Sep 30, 2015</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>STONEHAM, LLC<br>OCEAN PROPERTY MANAGEMENT LLC<br>815 S BRIDGEWAY PL STE 108<br>EAGLE ID 83616 |       | OCEAN PROPERTY MANAGEMENT LLC<br>815 S BRIDGEWAY PL STE 108<br>EAGLE ID 83616 |                  |             |  |
|                                                                                                                                                        |         |                                                                                                                                                                 |       | 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 |  |
| MEMBER                                                                                                                                                 | M BROWN | 815 BRIDGEWAY                                                                                                                                                   | EAGLE | ID                                                                            | USA              | 83616       |  |
| 5. Organized Under the Laws of:                                                                                                                        |         | 6. Annual Report must be signed.*                                                                                                                               |       |                                                                               |                  |             |  |
| <b>ID<br/>W 117349</b>                                                                                                                                 |         | Signature: m brown                                                                                                                                              |       |                                                                               | Date: 07/20/2015 |             |  |
|                                                                                                                                                        |         | Name (type or print): m brown                                                                                                                                   |       |                                                                               | Title: member    |             |  |
| Processed 07/20/2015                                                                                                                                   |         | * Electronically provided signatures are accepted as original signatures.                                                                                       |       |                                                                               |                  |             |  |