

|  |                            |   |       |   |         |             |  |
|--|----------------------------|---|-------|---|---------|-------------|--|
| No. <b>W 143906</b>  |                            | <b>Due no later than Oct 31, 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>745 S. DECATUR, LLC<br>TROY GUGEL CHOICES LLC<br>2107 SUNRISE RIM RD<br>BOISE ID 83705 |       | TROY GUGEL<br>2107 SUNRISE RIM RD<br>BOISE ID 83705 |         |             |  |
|  |                            |   |       | 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  | GUGEL BALLARD LIVING TRUST | PO BOX 5085   | BOISE | ID  | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 143906</b>  |                            | 6. Annual Report must be signed.*<br>Signature: Troy Gugel<br>Name (type or print): Troy Gugel<br>Date: 08/17/2015<br>Title: Manager                |       |   |         |             |  |
| Processed 08/17/2015   |                            | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |