

|                                                                                                                                                        |                 |                                                                                                                                            |           |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 142862</b>                                                                                                                                    |                 | <b>Due no later than Oct 31, 2017</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>MINVASC LLC<br>3791 RIDGEWOOD RD<br>POCATELLO ID 83201                    |           | DAVID SHELLEY<br>3791 RIDGEWOOD RD<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                            |           | 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                                                                                                                                                | DAVID J SHELLEY | 3791 RIDGEWOOD RD                                                                                                                          | POCATELLO | ID                                                       | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 142862</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: David Shelley<br>Name (type or print): David Shelley<br>Date: 08/21/2017<br>Title: Manager |           |                                                          |         |             |  |
| Processed 08/21/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                  |           |                                                          |         |             |  |