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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|---------|-------------|
| No. <b>W 137142</b>                                                                                                                                             | <b>Due no later than Apr 30, 2016</b><br><b>Annual Report Form</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>                      |                                                                                                        | BRIAN CRONER<br>317 6TH AVE N<br>TWIN FALLS ID 83301 |                                      |         |             |
|                                                                                                                                                                 | CLOSEOUT SALE USA, LLC<br>LYNETTE CRONER<br>PO BOX 2232<br>TWIN FALLS ID 83303 |                                                                                                        | 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                                                                                                                                                          | BRIAN CRONER                                                                   | P.O. BOX 2232                                                                                          | TWIN FALLS                                           | ID                                   | USA     | 83303       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 137142</b>                                                                                             |                                                                                | 6. Annual Report must be signed.*<br>Signature: Lynette Croner<br>Name (type or print): Lynette Croner |                                                      | Date: 04/14/2016<br>Title: Secretary |         |             |
| Processed 04/14/2016                                                                                                                                            |                                                                                | * Electronically provided signatures are accepted as original signatures.                              |                                                      |                                      |         |             |