| No. <b>W 84660</b>   |                  | Due no later than Jun 30, 2018   |                             |         | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|------------------|--|-----------------------------|---------|--|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  IAOC MSKUS, LLC  MIKAEL LAGWINSKI  PO BOX 1819  EAGLE ID 83616 |                             |         | AMBER R MYRICK  1087 W RIVER ST STE 150  BOISE ID 83702  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |                  | mos and Addresses of at  | leact one Member or Manager |         |  |       |         |             |
| Office Held  | Name             | mes and Addresses of at  | Street or PO Address        |         | City   | State | Country | Postal Code |
| MANAGER  | MIKAEL LAGWINSKI |  | PO BOX 1819                 |         | EAGLE  | ID    | USA     | 83616       |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must<br>Signature: mikael lad   |                             | Date: 0 | 4/27/2018  |       |         |             |
| W 84660  |                  | Name (type or print): mikael lagwinski   |                             |         | Title: manager   |       |         |             |
| Processed 04/27/2018 * Electronically provided signatures are accepted as original signatures. |                  |  |                             |         |  |       |         |             |