

|                                                                                                                                                        |                 |                                                                                                                                                     |       |                                                                     |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 110010</b>                                                                                                                                    |                 | <b>Due no later than Jan 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>MIRIAM, LLC<br>DOUGLAS B CLEGG<br>971 E WINDING CREEK DR STE 117<br>EAGLE ID 83616 |       | DOUGLAS B CLEGG<br>971 E WINDING CREEK DR STE 117<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                                                                                                                                                 | DOUGLAS B CLEGG | 971 E WINDING CREEK DR STE 117                                                                                                                      | EAGLE | ID                                                                  | USA     | 83616             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                   |       |                                                                     |         |                   |  |
| <b>ID<br/>W 110010</b>                                                                                                                                 |                 | Signature: Cheryl Prince                                                                                                                            |       |                                                                     |         | Date: 11/28/2016  |  |
|                                                                                                                                                        |                 | Name (type or print): Cheryl Prince                                                                                                                 |       |                                                                     |         | Title: Bookkeeper |  |
| Processed 11/28/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                                     |         |                   |  |