

|  |            |  |       |   |         |                  |  |
|--|------------|--|-------|---|---------|------------------|--|
| No. <b>W 81325</b>   |            | <b>Due no later than Feb 29, 2016</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>D & D REED, LLC<br>DEBBIE REED<br>5558 W HARBORCOVE<br>BOISE ID 83703 |       | DEBRA REED<br>5558 W HARBORCOVE LN<br>BOISE ID 83703-8370 |         |                  |  |
|  |            |  |       | 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   | DEBRA REED | 5558 W HARBORCOVE LN   | BOISE | ID  | USA     | 83703            |  |
| 5. Organized Under the Laws of:  |            | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 81325</b>  |            | Signature: Debra Reed  |       |   |         | Date: 01/25/2016 |  |
|  |            | Name (type or print): Debra Reed   |       |   |         | Title: Officer   |  |
| Processed 01/25/2016   |            | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |