

|                                                                                                                                                        |                  |                                                                                |         |                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 80419</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2018</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>Annual Report Form</b>                                                      |         | EDWIN SOUTHFIELD<br>1449 E 3100 S<br>WENDELL ID 83355 |         |                  |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                      |         | 3. <u>New</u> Registered Agent Signature:*            |         |                  |  |
|                                                                                                                                                        |                  | EDWIN SOUTHFIELD, LLC<br>EDWIN SOUTHFIELD<br>1449 E 3100 S<br>WENDELL ID 83355 |         |                                                       |         |                  |  |
| 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                                                                                                                                                 | EDWIN SOUTHFIELD | 1449 E 3100 S                                                                  | WENDELL | ID                                                    | USA     | 83355-3227       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                              |         |                                                       |         |                  |  |
| <b>ID<br/>W 80419</b>                                                                                                                                  |                  | Signature: Edwin Southfield                                                    |         |                                                       |         | Date: 11/30/2017 |  |
|                                                                                                                                                        |                  | Name (type or print): Edwin Southfield                                         |         |                                                       |         | Title: Member    |  |
| Processed 11/30/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.      |         |                                                       |         |                  |  |