

|                                                                                                                                                        |               |                                                                                                                                                          |       |                                                                        |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 127140</b>                                                                                                                                    |               | <b>Due no later than Jul 31, 2015</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>BRAVE GIRLS CLUB, LLC<br>DAVID M FOGG<br>1191 E IRON EAGLE DR STE 200<br>EAGLE ID 83616 |       | EAGLE LAW CENTER LLC<br>1191 E IRON EAGLE DR STE 200<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                                                                                                                                                 | KATHY WILKINS | 1309 W. 39TH ST.                                                                                                                                         | NAMPA | ID                                                                     | USA     | 83657             |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                        |       |                                                                        |         |                   |  |
| <b>ID<br/>W 127140</b>                                                                                                                                 |               | Signature: David M. Fogg                                                                                                                                 |       |                                                                        |         | Date: 05/18/2015  |  |
|                                                                                                                                                        |               | Name (type or print): David M. Fogg                                                                                                                      |       |                                                                        |         | Title: Of Counsel |  |
| Processed 05/18/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                |       |                                                                        |         |                   |  |