

|                                                                                                                                                        |                   |                                                                                                                                             |        |                                                     |         |                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|--------------------|--|
| No. <b>W 96412</b>                                                                                                                                     |                   | <b>Due no later than Sep 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>TEMO'S PAINTING LLC<br>CUAUHEMOC FRANCES<br>PO BOX 2257<br>MCCALL ID 83638 |        | CUAUHEMOC FRANCES<br>125 WILD PL<br>MCCALL ID 83638 |         |                    |  |
|                                                                                                                                                        |                   |                                                                                                                                             |        | 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        |  |
| MANAGER                                                                                                                                                | CUAUHEMOC FRANCES | 125 WILD PLACE                                                                                                                              | MCCALL | ID                                                  | USA     | 83638              |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                           |        |                                                     |         |                    |  |
| <b>ID<br/>W 96412</b>                                                                                                                                  |                   | Signature: Lisa Stokes                                                                                                                      |        |                                                     |         | Date: 08/06/2018   |  |
|                                                                                                                                                        |                   | Name (type or print): Lisa Stokes                                                                                                           |        |                                                     |         | Title: book keeper |  |
| Processed 08/06/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                   |        |                                                     |         |                    |  |