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| No. W 82518 | | Due no later than Mar 31, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PAYETTE COUNTY TITLE & ESCROW LLC ROBERT C GOODWIN PO BOX 220 NEW PLYMOUTH ID 83655 | | BOB GOODWIN 100 MCCLURE AVE STE C NAMPA ID 83651 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name ROBERT C GOODWIN | Street or PO Address PO BOX 220 | | City NEW PLYMOUTH | State ID | Country USA | Postal Code 83655 |
| 5. Organized Under the Laws of: ID W 82518 | | 6. Annual Report must be signed.* Signature: Bob Goodwin Name (type or print): Bob Goodwin Date: 01/19/2016 Title: Owner | | | | | |
| Processed 01/19/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |