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|--|------------------------|--|--|---|-------------|----------------|----------------------|
| No. W 166865 | | Due no later than May 31, 2018 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. THREE SPRINGS LLC RAELEEN WELTON PO BOX 689 STAR ID 83669 USA | | RAELEEN WELTON 9500 W BROKEN ARROW LN STAR ID 83669 | | | |
| 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 MANAGER | Name RAELEEN WELTON | Street or PO Address PO BOX 689 | | City STAR | State ID | Country USA | Postal Code 83669 |
| 5. Organized Under the Laws of: ID W 166865 | | 6. Annual Report must be signed.* Signature: Raeleen Welton Name (type or print): Raeleen Welton Date: 06/11/2018 Title: Manager | | | | | |
| Processed 06/11/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |