| No. W 49997 | | Due no later than Apr 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MULLAN AND GREENSFERRY, LLC STANLEY MOE 1410 LINCOLN WAY STE 200 COEUR D ALENE ID 83814 | | STANLEY D MOE 1410 LINCOLN WAY STE 200 COEUR D'ALENE ID 83814-8381 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses of a | t least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | STANLEY D MOE MULLAN AND GREENSFERRY LLC | | 1410 LINCOLN WAY, SUITE 200 | COEUR D'ALENE | ID | USA | 83814 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Stanley [| Date: 02/23/2016 | | | | |
| W 49997 | | Name (type or print) | Title: Manager | | | | |
| Processed 02/23/2016 | | * Electronically provided | y provided signatures are accepted as original signatures. | | | | |