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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 33090</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2016</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>SITE SOLUTIONS, LLC<br>JEB D THOMPSON<br>54081 N OLD HIGHWAY 95<br>ATHOL ID 83801<br>USA |           | JEB THOMPSON<br>54081 N OLD HIGHWAY 95<br>ATHOL ID 83801 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                           |           | 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                                                                                                                                                | JEB D THOMPSON | 16919 114TH DR NE                                                                                                                                         | ARLINGTON | WA                                                       | USA     | 98223       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33090</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: jeb thompson<br>Name (type or print): jeb thompson                                                        |           |                                                          |         |             |  |
|                                                                                                                                                        |                | Date: 10/21/2016<br>Title: manager                                                                                                                        |           |                                                          |         |             |  |
| Processed 10/21/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                 |           |                                                          |         |             |  |