

|  |                  |   |          |  |         |             |  |
|--|------------------|---|----------|--|---------|-------------|--|
| No. <b>W 21961</b>   |                  | <b>Due no later than Dec 31, 2017</b><br><b>Annual Report Form</b>  |          | 2. Registered Agent and Address ( <b>NO PO BOX</b> )   |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>STATE STREET STATION, L.L.C.<br>KELLY SPACKMAN<br>PO BOX 127<br>PRESTON ID 83263 |          | SHELLY SPACKMAN<br>119 NORTH STATE<br>PRESTON ID 83263 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                  |   |          | 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 |  |
| MEMBER   | KELLY H SPACKMAN | 104 SOUTH STATE   | PRESTON  | ID   | 83263   |             |  |
| MEMBER   | SHELLY SPACKMAN  | 223 NORTH MAIN ST   | LEWISTON | UT   | USA     | 84320       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 21961</b>                                 |                  | 6. Annual Report must be signed.*<br><br>Signature: Karin McKay<br>Name (type or print): Karin McKay<br><br>Date: 11/30/2017<br>Title: Accountant |          |  |         |             |  |
| Processed 11/30/2017 * Electronically provided signatures are accepted as original signatures.     |                  |   |          |  |         |             |  |