

|                                                                                                                                                        |                     |                                                                                                                                                                                        |         |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 164289</b>                                                                                                                                    |                     | <b>Due no later than Mar 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SPIRITFIRE MANAGEMENT LLC<br>GEMMA SEIDEMAN<br>200 N 1ST ST #644<br>CHALLIS ID 83226 |         | GEMMA SEIDEMAN<br>200 N 1ST ST #644<br>CHALLIS ID 83226-8322 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                        |         | 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                                                                                                                                                 | GEMMA MARY SEIDEMAN | PO                                                                                                                                                                                     | CHALLIS | ID                                                           | USA     | 83226-0644       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                                      |         |                                                              |         |                  |  |
| <b>ID</b><br><b>W 164289</b>                                                                                                                           |                     | Signature: Gemma Seideman                                                                                                                                                              |         |                                                              |         | Date: 04/13/2018 |  |
|                                                                                                                                                        |                     | Name (type or print): Gemma Seideman                                                                                                                                                   |         |                                                              |         | Title: CEO       |  |
| Processed 04/13/2018                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                              |         |                                                              |         |                  |  |