| No. W 6242 | | Due no later than May 31, 2016 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|--------------------------------------|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | 10.10 Sept. 10 10 Sept. 10 Sep | TRACI L SMITH | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FIVE-O-THREE, LLC TRACI L WIGINGTON 542 W MCGREGOR DR. BOISE ID 83705 | | BOISE ID | 542 W MCGREGOR DR BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | TRACI L W | IGINGTON | 542 W MCGREGOR DR. | BOISE | ID | USA | 83705 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: TRACI WIGINGTON | | Dat | Date: 03/21/2016 | | | |
| W 6242 | | Name (type or | r print): TRACI WIGINGTON | Title | Title: MANAGING MEMBER | | | |
| Processed 03/21/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |