

|                                                                                                                                                        |               |                                                                                                                        |       |                                                                     |         |                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------|---------|----------------------------|--|
| No. <b>W 182099</b>                                                                                                                                    |               | <b>Due no later than Apr 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>SHEPHERD'S POINT LLC<br>PO BOX 7968<br>BOISE ID 83707 |       | BRENT LLOYD<br>380 E PARKCENTER BLVD STE 230<br>BOISE ID 83706-8370 |         |                            |  |
|                                                                                                                                                        |               |                                                                                                                        |       | 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                                                                                                                                                 | BRENT F LLOYD | 380 E PARKCENTER BLVD                                                                                                  | BOISE | ID                                                                  | USA     | 83706                      |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                      |       |                                                                     |         |                            |  |
| <b>ID<br/>W 182099</b>                                                                                                                                 |               | Signature: Janae Johnson                                                                                               |       |                                                                     |         | Date: 03/26/2018           |  |
|                                                                                                                                                        |               | Name (type or print): Janae Johnson                                                                                    |       |                                                                     |         | Title: Executive Assistant |  |
| Processed 03/26/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                              |       |                                                                     |         |                            |  |