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|--|--|---|--|-------|---------|-------------|
| No. <b>W 134722</b>  | <b>Due no later than Feb 28, 2018</b><br><b>Annual Report Form</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>  |   | MELINDA KASERMAN<br>5157 N STARRY NIGHT AVE<br>MERIDIAN ID 83646 |       |         |             |
|  | MELINDA KASERMAN, LLC<br>MELINDA KASERMAN<br>5157 N STARRY NIGHT AVE<br>MERIDIAN ID 83646                  |   | 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  | MELINDA KASERMAN   | 5157 N STARRY NIGHT AVE   | MERIDIAN   | ID    | USA     | 83646       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 134722</b>  | 6. Annual Report must be signed.*<br>Signature: Melinda Kaserman<br>Name (type or print): Melinda Kaserman |   | Date: 01/04/2018<br>Title: Manager                               |       |         |             |
| Processed 01/04/2018   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |