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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 164157</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2017</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>WISMAR FINANCIAL LLC<br>ROBERT J BAKER<br>506 CROSSPOINT AVE<br>NAMPA ID 83686 |       | ROBERT J BAKER<br>506 CROSSPOINT AVE<br>NAMPA ID 83686 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                 |       | 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                                                                                                                                                | ROBERT J BAKER | 506 CROSSPOINT AVE.                                                                                                                             | NAMPA | ID                                                     | USA     | 83686            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                               |       |                                                        |         |                  |  |
| <b>ID<br/>W 164157</b>                                                                                                                                 |                | Signature: Robert J Baker                                                                                                                       |       |                                                        |         | Date: 01/21/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Robert J Baker                                                                                                            |       |                                                        |         | Title: Owner     |  |
| Processed 01/21/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                        |         |                  |  |