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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------|
| No. <b>W 49639</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>Annual Report Form</b>                                                                                                                  |        | MICHAEL WALSH<br>31 RODEO DR<br>HAILEY ID 83333    |                     |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>COPIA INVESTMENTS LLC<br>MICHAEL WALSH<br>PO BOX 2627<br>HAILEY ID 83333-2627 |        | 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                                                                                                                                                 | MICHAEL WALSH | PO BOX 2627                                                                                                                                | HAILEY | ID                                                 | 83333               |
| MEMBER                                                                                                                                                 | SUZANNE WALSH | PO BOX 2627                                                                                                                                | HAILEY | ID                                                 | 83333               |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                          |        |                                                    |                     |
| <b>ID<br/>W 49639</b>                                                                                                                                  |               | Signature: Michael Walsh                                                                                                                   |        | Date: 03/14/2018                                   |                     |
|                                                                                                                                                        |               | Name (type or print): Michael Walsh                                                                                                        |        | Title: Owner                                       |                     |
| Processed 03/14/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                  |        |                                                    |                     |