| No. W 79218 | | | Due no later than Nov 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------|-------------------------|--|----------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | GROVE SHO KARIN T. I | Annual Report Form 1. Mailing Address: Correct in this box if needed. GROVE SHOPS, LLC KARIN T. MARTIN PO BOX 6720 | | KARIN T MARTIN 2114 BUTTERCUP RD HAILEY ID 83333 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | KETCHUM ID 83340 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Compa | nies: Enter | Names and Addres | sses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | KARIN T | MARTIN | P.O. BOX 6720 | KETCHUM, | ID | USA | 83340-6720 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: | Signature: Karin Martin | | Date: 10/25/2016 | | | |
| W 79218 | | Name (type | Name (type or print): Karin Martin | | Title: Member | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | | |