

|  |                     |  |            |  |         |             |  |
|--|---------------------|--|------------|--|---------|-------------|--|
| No. <b>W 159797</b>  |                     | <b>Due no later than Dec 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>160 MAIN AVENUE NORTH, LLC<br>211 9TH AVE N<br>TWIN FALLS ID 83301<br>USA |            | THOMAS BENJAMIN AIELLO<br>211 9TH AVE N<br>TWIN FALLS ID 83301 |         |             |  |
|  |                     |  |            | 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   | KIM C WIGGINS       | 211 9TH AVE N  | TWIN FALLS | ID   | USA     | 83301       |  |
| MANAGER  | TOM BENJAMIN AIELLO | 211 9TH AVE N  | TWIN FALLS | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>W 159797</b>  |                     | 6. Annual Report must be signed.*<br>Signature: Kim C Wiggins<br>Name (type or print): Kim C Wiggins                                   |            |  |         |             |  |
|  |                     | Date: 11/12/2017<br>Title: Member  |            |  |         |             |  |
| Processed 11/12/2017   |                     | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |  |