

|  |              |   |      |  |         |             |  |
|--|--------------|---|------|--|---------|-------------|--|
| No. <b>W 115917</b>  |              | <b>Due no later than Jul 31, 2015</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>4 CIRCLE FMS LLC<br>KATHY STRAUB<br>3523 N 1200 E<br>BUHL ID 83316 |      | KATHY STRAUB<br>3523 N 1200 E<br>BUHL ID 83316     |         |             |  |
|  |              |   |      | 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   | KATHY STRAUB | 3523 N 1200 E.  | BUHL | ID   | USA     | 83316       |  |
| 5. Organized Under the Laws of:<br><br><b>WY</b><br><b>W 115917</b>  |              | 6. Annual Report must be signed.*<br>Signature: Janet Roe<br>Name (type or print): Janet Roe  |      |  |         |             |  |
|  |              | Date: 05/22/2015<br>Title: Accountant   |      |  |         |             |  |
| Processed 05/22/2015   |              | * Electronically provided signatures are accepted as original signatures.   |      |  |         |             |  |