

|  |  |  |  |                                  |         |             |
|--|--|--|--|----------------------------------|---------|-------------|
| No. <b>W 137777</b>  | <b>Due no later than May 31, 2018</b><br><b>Annual Report Form</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>                |  | ANNE TAYLOR<br>450 FALLS AVE<br>TWIN FALLS ID 83301-8334 |                                  |         |             |
|  | CONSILIUM GROUP, LLC<br>PETER LAFLEUR<br>PO BOX 1095<br>Ketchum ID 83340 |  | 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   | PETER LAFLEUR  | PO BOX 1095  | KETCHUM  | ID                               | USA     | 83340       |
| 5. Organized Under the Laws of:<br><br><b>WA</b><br><b>W 137777</b>  |  | 6. Annual Report must be signed.*<br>Signature: Peter LaFleur<br>Name (type or print): Peter LaFleur |  | Date: 04/05/2018<br>Title: Owner |         |             |
| Processed 04/05/2018   |  | * Electronically provided signatures are accepted as original signatures.                            |  |                                  |         |             |