| No. <b>W 136659</b>  |                   | Due no later than Apr 30, 2015  | 2. Registered A  | 2. Registered Agent and Address (NO PO BOX)  EMMETT SHIPPY |         |             |  |
|--|-------------------|---|--|--|---------|-------------|--|
| Return to:   |                   | Annual Report Form  | EMMETT SH  |  |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                   | 1. Mailing Address: Correct in this box if needed. E SHIPPY PIVOT MAINTENANCE LLC EMMETT SHIPPY 12844 ADELAIDE ST CALDWELL ID 83607 | 12844 ADELAIDE ST CALDWELL ID 83607  3. New Registered Agent Signature:* |  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                   |   |  |  |         |             |  |
| 4. Limited Liability Comp  | oanies: Enter Nai | mes and Addresses of at least one Member or Manager.  |  |  |         |             |  |
| Office Held  | Name              | Street or PO Address  | City   | State  | Country | Postal Code |  |
| MEMBER BETH SHIPP  |                   | Y 12844 ADELAIDE ST.  | CALDWELL   | ID   | USA     | 83607       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |  |  |         |             |  |
| ID   |                   | Signature: Emmett Shippy  | Date: 05/28/2015   | ate: 05/28/2015  |         |             |  |
| W 136659   |                   | Name (type or print): Emmett Shippy   | Title: E Shippy Piv  | itle: E Shippy Pivot Maintenance LLC                       |         |             |  |
| Processed 05/28/2015 * Electronically provided signatures are accepted as original signatures. |                   |   |  |  |         |             |  |