

|                                                                                                                                                        |                |                                                                                                                                                                                     |       |                                                           |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 54664</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SCS HOLDINGS LLC<br>STEVEN SMITH<br>855 W BROAD ST STE 300<br>BOISE ID 83702-7154 |       | APRIL BULL<br>855 BROAD ST STE 300<br>BOISE ID 83702-7154 |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                                                                     |       | 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             |  |
| MANAGER                                                                                                                                                | STEVEN C SMITH | 855 W BROAD ST STE 300                                                                                                                                                              | BOISE | ID                                                        | USA     | 83702-7154              |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                   |       |                                                           |         |                         |  |
| <b>ID<br/>W 54664</b>                                                                                                                                  |                | Signature: Rob Dickinson                                                                                                                                                            |       |                                                           |         | Date: 08/16/2018        |  |
|                                                                                                                                                        |                | Name (type or print): Rob Dickinson                                                                                                                                                 |       |                                                           |         | Title: Authorized Agent |  |
| Processed 08/16/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                           |       |                                                           |         |                         |  |