| No. W 76748 | | Due no later than Aug 31, 2014 Annual Report Form | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) KELSEY WILDER 11717 W RIVERVIEW DR POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
|--|--------------------|--|--|---------------------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | | 10 1000 1000 1000 1000 1000 1000 1000 | | | | |
| | | 1. Mailing Address: Correct in this box if needed. MALACHI LLC KELSEY L WILDER 11717 W RIVERVIEW DR POST FALLS ID 83854 USA | | POST FALLS | | | | |
| | | | | or <u>rear</u> registers | | | | |
| Limited Liability Co | ompanies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER | | | 11717 W RIVERVIEW DR 11717 W RIVERVIEW DR | POST FALLS POST FALLS | ID ID | USA USA | 83854 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kelsey Wilder | | | Date: 06/17/2014 | | | |
| W 76748 | | Name (type o | | Title: Member | | | | |
| Processed 06/17/201 | 14 | * Electronically p | provided signatures are accepted as original | signatures. | | | | |