| No. W 171099 | | Due no later than Sep 30, 2017 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|----------------------|------------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | BRENDAN J SMYTHE | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. VR1 LIMITED LIABILITY COMPANY MICHELE SMYTHE 453 W. QUARTER DR. EAGLE ID 83616 USA | | | 453 EAGLE ID 83616-8361 | | | |
| | | | | - | 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | | | | | | | |
| 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 BRENDAN SI | | MYTHE | 453 W. QUARTER DR. | | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: | | 6. Annual Report must | be signed.* | | | | | |
| ID. | | Signature: Brendan Smythe | | | Date: 10/24/2017 | | | |
| W 171099 | | Name (type or print): Brendan Smythe | | | Title: Member | | | |
| Processed 10/24/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |