

|                                                                                                                                                        |                   |                                                                                                                                                                 |             |                                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 154699</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2017</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><br>LIVEFREE REAL ESTATE, LLC<br>JOSHUA K CHANDLER<br>901 PIER VIEW DR STE 206<br>IDAHO FALLS ID 83402 |             | JOSHUA K CHANDLER<br>901 PIER VIEW DR STE 206<br>IDAHO FALLS ID 83402 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                 |             | 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                                                                                                                                                 | JOSHUA K CHANDLER | 901 PIER VIEW DRIVE #206                                                                                                                                        | IDAHO FALLS | ID                                                                    | USA     | 83402            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                               |             |                                                                       |         |                  |  |
| <b>ID<br/>W 154699</b>                                                                                                                                 |                   | Signature: Joshua K Chandler                                                                                                                                    |             |                                                                       |         | Date: 06/27/2017 |  |
|                                                                                                                                                        |                   | Name (type or print): Joshua K Chandler                                                                                                                         |             |                                                                       |         | Title: Member    |  |
| Processed 06/27/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                       |             |                                                                       |         |                  |  |