| No. <b>W 162372</b>  |                    | D  | 2. Registered                               | 2. Registered Agent and Address (NO PO BOX)   |  |         |             |  |
|--|--------------------|--|---|---|--|---------|-------------|--|
| Return to:   |                    | Annual Report Form   |   | NAME OF THE PARTY | RICKI K SATTLER<br>9382 W CALICO ST<br>BOISE ID 83709-8216 |         |             |  |
| 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.  SKYLINE PARK & EVENT CENTER, LLC  SKYLINE PARK & EVENT CENTER, LLC  9382 W CALICO ST |   |   |  |         |             |  |
|  |                    |  |   | BOISE ID  |  |         |             |  |
|  |                    | BOISE ID 83709-8216  |   | 3. <u>New</u> Registe   | 3. New Registered Agent Signature:*                        |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                    |  |   |   |  |         |             |  |
| 4. 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 |  |
| MANAGER  | RICKI KEN          | SATTLER  | 9382 W CALICO ST                            | BOISE   | ID   | USA     | 83709-8216  |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |   |   |  |         |             |  |
| ID   |                    | Signature: R   |   | Date: 12/27/2016  |  |         |             |  |
| W 162372   |                    | Name (type   |   | Title: Owner  |  |         |             |  |
| Processed 12/27/20:  | 16                 | * Electronically   | provided signatures are accepted as origina | l signatures.   |  |         |             |  |