

|                                                                                                                                                        |                 |                                                                                                                                         |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 160656</b>                                                                                                                                    |                 | <b>Due no later than Jan 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><br>I P LAKESIDE LLC<br>BLAINE E MILLER<br>366 S 1700 E<br>JEROME ID 83338 |        | BLAINE E MILLER<br>366 S 1700 E<br>JEROME ID 83338 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                         |        | 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                                                                                                                                                 | BLAINE E MILLER | 366 S 1700 E                                                                                                                            | JEROME | ID                                                 | USA     | 83338            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                       |        |                                                    |         |                  |  |
| <b>ID<br/>W 160656</b>                                                                                                                                 |                 | Signature: Blaine Miller                                                                                                                |        |                                                    |         | Date: 11/23/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Blaine Miller                                                                                                     |        |                                                    |         | Title: Owner     |  |
| Processed 11/23/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                               |        |                                                    |         |                  |  |