

|                                                                                                                                                        |               |                                                                                                                                     |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 77789</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2015</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>EMERALD ASSETS, LLC<br>LORI A O'LEARY<br>PO BOX 5405<br>BOISE ID 83705 |       | CHRISTOPHER W CLARK<br>4414 S GEKELER LN<br>BOISE ID 83716 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                     |       | 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      |  |
| MANAGER                                                                                                                                                | S. MARK YANKE | 4414 S. GEKELER LANE                                                                                                                | BOISE | ID                                                         | USA     | 83716            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                   |       |                                                            |         |                  |  |
| <b>ID<br/>W 77789</b>                                                                                                                                  |               | Signature: S. Mark Yanke                                                                                                            |       |                                                            |         | Date: 08/05/2015 |  |
|                                                                                                                                                        |               | Name (type or print): S. Mark Yanke                                                                                                 |       |                                                            |         | Title: Manager   |  |
| Processed 08/05/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                           |       |                                                            |         |                  |  |