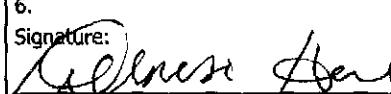


| No. W 86129 | Due no later than Aug 31, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------------|---|-------|-----------------------------|-------------|----------------------|------|-------|---------|-------------|---|---------------|----------------------------------|-----------|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. BALDWIN KRYSTYN SHERMAN PARTNERS, LLC BALDWIN KRYSTYN SHERMAN PARTNER ATTN: LI 4010 W BOY SCOUT BLVD SUITE 200 TAMPA FL 33607-5752 | | 3. New Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lowry Baldwin</td> <td>4010 W Boy Scout Blvd, Suite 200</td> <td>Tampa, FL</td> <td>USA</td> <td></td> <td>33607</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Lowry Baldwin | 4010 W Boy Scout Blvd, Suite 200 | Tampa, FL | USA | | 33607 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Lowry Baldwin | 4010 W Boy Scout Blvd, Suite 200 | Tampa, FL | USA | | 33607 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: FLORIDA W 86129 | 6. Signature:  Name (type or print): Denise Heil | | | | Date: 08/11/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Title: Dir of Operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 08/11/2017 by online | | | | | 105998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM