| No. W 96853 | | Due no later than Oct 31, 2015 Annual Report Form | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|------------------------------|---|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LOOMIS INK LLC MOLLY L TYSON 2892 S 500 W VICTOR ID 83455 | | _ | MOLLY TYSON 2892 S 500 W DRIGGS ID 83422 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | GER MOLLY L TYSON | | 2892 S 500 W | | DRIGGS | ID | USA | 83422 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Molly Tyson | | | Date: 09/10/2015 | | | |
| W 96853 | | Name (type or print): Molly Tyson | | | Title: Owner | | | |
| Processed 09/10/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |