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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 106015</b>                                                                                                                                    |                    | <b>Due no later than Aug 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>FREEMAN CREEK PARTNERS, LLC<br>C/O RONALD ELLIS<br>1322 RIPON AVE<br>LEWISTON ID 83501 |           | RONALD ELLIS<br>1322 RIPON AVE<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                         |           | 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                                                                                                                                                 | NICK CASTORINA III | 3104 KENNEWICK AVE                                                                                                                                      | KENNEWICK | WA                                                  | USA     | 99336       |  |
| MEMBER                                                                                                                                                 | ROGER KINYON       | 476 ASPEN LN                                                                                                                                            | LENORE    | ID                                                  | USA     | 83541       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 106015</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: RONALD ELLIS<br>Name (type or print): RONALD ELLIS<br>Date: 06/19/2017<br>Title: MANAGER                |           |                                                     |         |             |  |
| Processed 06/19/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                               |           |                                                     |         |             |  |