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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------------------|
| No. <b>W 16817</b>                                                                                                                                     |                            | <b>Due no later than Oct 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RENIDRAG INVESTMENTS, LLC<br>TIMOTHY M GARDINER<br>PO BOX 187<br>SUN VALLEY ID 83353<br>USA |            | TIMOTHY M GARDINER<br>119 PICABO STREET<br>KETCHUM ID 83340 |                     |
|                                                                                                                                                        |                            |                                                                                                                                                                                               |            | 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                                                                                                                                                | MATHER CAPITAL CORPORATION | PO BOX 187                                                                                                                                                                                    | SUN VALLEY | ID                                                          | 83353               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 16817</b>                                                                                           |                            | 6. Annual Report must be signed.*<br>Signature: Timothy M. Gardiner<br>Name (type or print): Timothy M. Gardiner<br>Date: 09/14/2016<br>Title: Manager                                        |            |                                                             |                     |
| Processed 09/14/2016                                                                                                                                   |                            | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |            |                                                             |                     |