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| No. W 79306 | Due no later than Nov 30, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) ANDREW HELLEWELL 14942 S CARLIN BAY RD HARRISON ID 83833 |
| 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. BENAN SYSTEMS LLC 14942 S CARLIN BAY RD HARRISON ID 83833 | | 3. <u>New</u> Registered Agent Signature. |

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|------------------|-------------------------|-------------|----------|---------|-------------|
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Andrew Hellewell | 14942 S. Carlin Bay Rd. | Harrison ID | Kootenai | | 83833 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Ann Hellewell | 14942 S. Carlin Bay Rd. | Harrison ID | Kootenai | | 83833 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

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|---|---|----------------|---------------------|--|--------------------|
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 79306 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 10-13-2017 </td> </tr> <tr> <td> Name (type or print): Ann Hellewell </td> <td> Title: V. Pres. </td> </tr> </table> | Signature: | Date: 10-13-2017 | Name (type or print): Ann Hellewell | Title: V. Pres. |
| Signature: | Date: 10-13-2017 | | | | |
| Name (type or print): Ann Hellewell | Title: V. Pres. | | | | |

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