| No. <b>W 142755</b>  |           | Due no later than Sep 30, 2017   |                      | 2. Registered | 2. Registered Agent and Address (NO PO BOX)                             |         |             |  |
|--|-----------|--|----------------------|---------------|---|---------|-------------|--|
| Return to:   |           | Annual Report Form   |                      |               | ALEXANDER W SMITH   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |           | 1. Mailing Address: Correct in this box if needed.  4493 N STAMPEDE WAY, LLC ALEXANDER W SMITH  4269 W DILLON DR MERIDIAN ID 83646 |                      | MERIDIAN      | 4269 W DILLON DR MERIDIAN ID 83646  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |           |  |                      |               |   |         |             |  |
| 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  | ALEXANDER | WESTON SMITH   | 4269 W DILLON DR.    | MERIDIAN      | ID  | USA     | 83646       |  |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*  |                      |               |   |         |             |  |
| ID   |           | Signature: Alex Smith  |                      |               | Date: 10/20/2017  |         |             |  |
| W 142755   |           | Name (type or print): Alex Smith   |                      |               | Title: Manager  |         |             |  |
| Processed 10/20/2017 * Electronically provided signatures are accepted as original signatures. |           |  |                      |               |   |         |             |  |