

|  |                      |   |            |   |         |             |  |
|--|----------------------|---|------------|---|---------|-------------|--|
| No. <b>W 111585</b>  |                      | <b>Due no later than Mar 31, 2018</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>CASEY JOHNSON ENTERPRISES LLC<br>CASEY JOSEPH JOHNSON<br>1254 N. CELESTINE<br>POST FALLS ID 83854<br>USA |            | CASEY JOHNSON<br>1254 N. CELESTINE<br>POST FALLS ID 83854 |         |             |  |
|  |                      |   |            | 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  | CASEY JOSEPH JOHNSON | 1254 N. CELESTINE   | POST FALLS | ID  | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 111585</b>  |                      | 6. Annual Report must be signed.*<br>Signature: Casey Johnson<br>Name (type or print): Casey Johnson<br>Date: 01/23/2018<br>Title: Manager                            |            |   |         |             |  |
| Processed 01/23/2018   |                      | * Electronically provided signatures are accepted as original signatures.   |            |   |         |             |  |