| No. <b>W 27381</b>   |      | Due no later than Dec 31, 2015                         |                      | 2. Registered Agent and Address (NO PO BOX) |                   |       |         |             |
|--|------|--|----------------------|---|-------------------|-------|---------|-------------|
| Return to:   |      | Annual Report Form                                     |                      | KARYN FORSYTH                               |                   |       |         |             |
| SECRETARY OF STATE   |      | 1. Mailing Address: Correct in this box if needed.     |                      | 110 LINDSAY CIRCLE 2L<br>KETCHUM ID 83340   |                   |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                     |      | FORSYTH HOLDINGS, LLC<br>KARYN FORSYTH<br>P O BOX 3755 |                      |   | RETORION ID 05540 |       |         |             |
|  |      | KETCHUM ID 83340                                       |                      | 3. <u>New</u> 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 KARYN FORS   |      | SYTH   | P O BOX 3755         |   | KETCHUM           | ID    |         | 83340       |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*                      |                      |   |                   |       |         |             |
| ID   |      | Signature: karyn forsyth                               |                      | Date: 10/22/2015                            |                   |       |         |             |
| W 27381  |      | Name (type or print): karyn forsyth                    |                      |   | Title: Manager    |       |         |             |
| Processed 10/22/2015 * Electronically provided signatures are accepted as original signatures. |      |  |                      |   |                   |       |         |             |