

|                                                                                                                                                        |                 |                                                                                                                                             |      |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 149153</b>                                                                                                                                    |                 | <b>Due no later than Mar 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>1. Mailing Address: Correct in this box if needed.</b><br><br>APEX DRYWALL LLC<br>TYLER JARMER<br>1335 ADEN CT<br>COEUR D ALENE ID 83815 |      | TYLER JARMER<br>1335 ADEN CT<br>COEUR D ALENE ID 83815 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                             |      | 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      |  |
| MEMBER                                                                                                                                                 | TYLER M. JARMER | 1335 ADEN CT.                                                                                                                               | CDA  | ID                                                     | USA     | 83815            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                           |      |                                                        |         |                  |  |
| <b>ID<br/>W 149153</b>                                                                                                                                 |                 | Signature: Tyler M. Jarmer                                                                                                                  |      |                                                        |         | Date: 05/23/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Tyler M. Jarmer                                                                                                       |      |                                                        |         | Title: owner     |  |
| Processed 05/23/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                   |      |                                                        |         |                  |  |