

|  |                |   |        |  |         |                  |  |
|--|----------------|---|--------|--|---------|------------------|--|
| No. <b>W 129132</b>  |                | <b>Due no later than Sep 30, 2015</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>ANCHOR ON MAIN LLC (THE)<br>AUSTIN STORM<br>504 S MAIN ST<br>MOSCOW ID 83843 |        | AUSTIN STORM<br>504 S MAIN ST<br>MOSCOW ID 83843   |         |                  |  |
|  |                |   |        | 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   | AUSTIN T STORM | 504 S MAIN ST   | MOSCOW | ID   | USA     | 83843            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |        |  |         |                  |  |
| <b>ID<br/>W 129132</b>   |                | Signature: Austin Storm   |        |  |         | Date: 07/21/2015 |  |
|  |                | Name (type or print): Austin Storm  |        |  |         | Title: Owner     |  |
| Processed 07/21/2015   |                | * Electronically provided signatures are accepted as original signatures.   |        |  |         |                  |  |