| No. <b>W 32792</b>   |                         | Due no later than Aug 31, 2015  |                                       | 2. Registered Ag                            | 2. Registered Agent and Address (NO PO BOX)   |         |                |  |
|--|-------------------------|---|---------------------------------------|---|---|---------|----------------|--|
| Return to:   |                         | Annual Report Form  |                                       | to be a second or a second or a second or a | THOMAS W CALLERY 1304 IDAHO ST LEWISTON ID 83501  3. New Registered Agent Signature:* |         |                |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                         | 1. Mailing Address: Correct in this box if needed.  GIRLS' REAL ESTATE GROUP, LLC (THE) BARBARA K DAVIS MD 222 SOUTHWAY SUITE C LEWISTON ID 83501 USA |                                       | LEWISTON II                                 |   |         |                |  |
|  |                         |   |                                       | 3. <u>New</u> Register                      |   |         |                |  |
| 4. Limited Liability Compar  | nies: Enter Nar         | mes and Addresses of at   | least one Member or Manager.          |   |   |         |                |  |
| Office Held  | Name                    |   | Street or PO Address                  | City  | State   | Country | Postal Code    |  |
| MANAGER<br>MANAGER   | PATRICIA A<br>BARBARA K | DAVIS MD  | 23946 BIG SKY LANE<br>3270 CLEMANS RD | LEWISTON<br>CLARKSTON                       | ID<br>WA  |         | 83501<br>99403 |  |
| MANAGER  | JANE A FOR<br>MD)       | RE MD (JANE F PFLIGER   | 2941 DOVE PLACE                       | CLARKSTON                                   | WA  |         | 99403          |  |
| 5. Organized Under the Laws of:  |                         | 6. Annual Report must I   | pe signed.*                           |   |   |         |                |  |
| ID<br>W 32792  |                         | Signature: Barbara K. Davis   |                                       |   | Date: 10/28/2015  |         |                |  |
|  |                         | Name (type or print):   |                                       | Title: MD                                   |   |         |                |  |
| Processed 10/28/2015 * Electronically provided signatures are accepted as original signatures.                 |                         |   |                                       |   |   |         |                |  |