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|---|----------------------------|--|--|--|-------------|---------|----------------------|
| No. W 66913 | | Due no later than Sep 30, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. KEISHA L. OXENDINE ATTORNEY AT LAW, L.L.C. KEISHA L. OXENDINE PO BOX 633 OSBURN ID 83849 | | KEISHA L. OXENDINE 700 BANK STREET, STE 200 WALLACE ID 83873 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name KEISHA L. OXENDINE | Street or PO Address PO BOX 633 | | City OSBURN | State ID | Country | Postal Code 83849 |
| 5. Organized Under the Laws of: ID W 66913 | | 6. Annual Report must be signed.* Signature: Keisha Oxendine Name (type or print): Keisha Oxendine Date: 09/28/2015 Title: Owner/Manager | | | | | |
| Processed 09/28/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |