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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 99854</b>                                                                                                                                     |                    | <b>Due no later than Jan 31, 2018</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>WINTER ACCOUNTING & CONSULTING LLC<br>JOHNELLE WINTER<br>PO BOX 435<br>OSBURN ID 83849-0435 |        | JOHNELLE STOSALOVICH<br>831 E FIR<br>OSBURN ID 83849-0435 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                          |        | 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                                                                                                                                                 | JOHNELLE JO WINTER | PO BOX 435                                                                                                                                               | OSBURN | ID                                                        | USA     | 83849-0435       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                        |        |                                                           |         |                  |  |
| <b>ID<br/>W 99854</b>                                                                                                                                  |                    | Signature: Johnelle Winter                                                                                                                               |        |                                                           |         | Date: 12/27/2017 |  |
|                                                                                                                                                        |                    | Name (type or print): Johnelle Winter                                                                                                                    |        |                                                           |         | Title: Member    |  |
| Processed 12/27/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                |        |                                                           |         |                  |  |