

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>W 66196</b>   | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</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>NIZHONI WOOD REPAIR, LLC<br>RUSSELL G TAYLOR<br>469 E ORCHARD AVE<br>HAYDEN ID 83835<br>USA |   | LAURIE S TAYLOR<br>469 E ORCHARD AVE<br>HAYDEN ID 83835 |       |         |             |
|  |  |   | 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 |
| MANAGER  | LAURIE S TAYLOR  | 469 E ORCHARD AVE   | HAYDEN  | ID    | USA     | 83835       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 66196</b>   | 6. Annual Report must be signed.*<br>Signature: Laurie Taylor<br>Name (type or print): Laurie Taylor   |   | Date: 08/28/2017<br>Title: Partner                      |       |         |             |
| Processed 08/28/2017   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |