

|                                                                                                                                                        |                  |                                                                                                                                               |          |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 148313</b>                                                                                                                                    |                  | <b>Due no later than Feb 29, 2016</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>ROSEWATER KINETICS LLC<br>ROBERT M ROMISKI SR<br>305 E MAIN<br>KENDRICK ID 83537 |          | ROBERT M ROMISKI DR<br>305 E MAIN<br>KENDRICK ID 83537 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                               |          | 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                                                                                                                                                 | LISA KAY ROMISKI | 305 E MAIN                                                                                                                                    | KENDRICK | ID                                                     | USA     | 83537            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                             |          |                                                        |         |                  |  |
| <b>ID<br/>W 148313</b>                                                                                                                                 |                  | Signature: Robert M Romiski SR                                                                                                                |          |                                                        |         | Date: 12/26/2015 |  |
|                                                                                                                                                        |                  | Name (type or print): Robert M Romiski SR                                                                                                     |          |                                                        |         | Title: Owner     |  |
| Processed 12/26/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                     |          |                                                        |         |                  |  |