

|                                                                                                                                                        |                |                                                                                                                                           |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 115384</b>                                                                                                                                    |                | <b>Due no later than Jul 31, 2017</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><br>SALINAS-VILLA, LLC<br>GLORIA SALINAS<br>437 S MAIN ST<br>STAR ID 83669   |      | GLORIA SALINAS<br>437 S MAIN ST<br>STAR ID 83669   |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                           |      | 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                                                                                                                                                | GLORIA SALINAS | 437 S MAIN ST                                                                                                                             | STAR | ID                                                 | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115384</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Gloria Salinas<br>Name (type or print): Gloria Salinas<br>Date: 05/22/2017<br>Title: Mrs. |      |                                                    |         |             |  |
| Processed 05/22/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                 |      |                                                    |         |             |  |